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Department of Public Health



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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, January 14, 2003

3:45 p.m. - 5:30 p.m.

1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

DOCUMENTS DEPT.

JAN 10 2003

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Commissioner Lee Ann Monfredini, Chair
Commissioner Harrison Parker, Sr. DDS

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF MINUTES OF DECEMBER 10, 2002
**Minutes of December 10, 2002*

3) FOR DISCUSSION: HOSPITAL HEALTHCARE UPDATE
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, San Francisco
General Hospital Medical Center)
**Report*

4) FOR DISCUSSION: PATIENT CARE REPORT
(Sue Currin, RN, Chief Nursing Officer)
**Report*

- 5) **FOR DISCUSSION:** **SFGH FINANCE REPORT**
(Valerie Inouye, Chief Finance Officer for CHN)
**Report*
- 6) **FOR DISCUSSION:** **SFGH REBUILD UPDATE**
(Anthony G. Wagner, Chief Executive Officer of Hospital Systems)
**Report*
- 7) **PUBLIC COMMENT****
- 8) **CLOSED SESSION**

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session
- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION**
MINUTES OF DECEMBER 10, 2002

FOR DISCUSSION: **CONSIDERATION OF MEDICAL AUDIT,**
QUALITY OF CARE, QUALITY ASSURANCE

John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
J. Renee Navarro, M.D., Chief of Staff

FOR DISCUSSION **MEDICAL STAFF REPORT**
AND POSSIBLE J. Renee Navarro, M.D., Chief of Staff
ACTION:

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

6) **ADJOURNMENT**

* Explanatory documents are available at the Joint Conference Committee, 101 Grove Street, Room #311.

- ** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

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To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

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For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:

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MINUTES

**JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING**

Tuesday, January 14, 2003

3:45 p.m. - 5:30 p.m.

**1001 Potrero, Conference Room #2A6
San Francisco, CA 94110**

DOCUMENTS DEPT.

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1) CALL TO ORDER

The meeting was called to order by Commissioner Monfredini at 3:45 p.m.

Present: Commissioner Lee Ann Monfredini, Chair
Commissioner Harrison Parker, Sr. DDS

Staff: Anne Chang, Sue Currin, Myra Garcia, Valerie Inouye, John Luce,
M.D., Beth Maloney, Kathy Murphy, Renee Navarro, M.D., Valerie
Ng, M.D., Gene O'Connell, Roland Pickens, Hiro Tokubo and
Anthony Wagner.

2) APPROVAL OF MINUTES OF DECEMBER 10, 2002

Action Taken: The Committee approved the minutes of the December 10, 2002
San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL HEALTHCARE UPDATE

Gene O'Connell, Executive Administrator, San Francisco General Hospital Medical Center, presented the Hospital Healthcare Update Report.

Program Updates

Board of Supervisors Hearing on Psychiatric Assaults

On December 12, Gene O'Connell spoke before the San Francisco Board of Supervisors' Neighborhood Services and Recreation Committee to provide information on the actions being taken to reduce and prevent patient assaults on staff in Acute Psychiatry. The hearing was triggered by an experienced LPT who was assaulted on the night shift by a psychotic patient. Supervisor Newsom and Supervisor McGoldrick were present on behalf of the Committee.

SFGHMC was asked by the Committee to provide answers to the following questions:

1. What is the level of existing security in the psychiatric unit?
2. What are the existing protocols used to ensure the safety of staff and clients of the psychiatric ward?
3. What, if any, are the plans to establish an oversight committee to address long and short term solutions to the growing number of attacks?
4. What is the management's response to nurses who have filed complaints to Cal- OSHA regarding safety issues at the site?

In July, meetings were scheduled with staff to listen and get feedback on workplace violence and safety concerns. SFGHMC internally reviewed its existing security measures and institutional police response, its clinical management of patients and staff training on techniques for responding to assaults, and its oversight of various safety concerns, including staffing for the night shift and being able to regularly review assault cases. In addition, Cal-OSHA visited SFGHMC to assess staff concerns on July 31, August 5, and August 9, and Director of Health Mitch Katz held meetings with Local 790 and 250 on the issue.

As a result of findings, SFGHMC presented the following action steps to date:

- Distributed personal alarms to staff to alert other team members of the need for immediate assistance. This was also recommended by Cal-OSHA.
- Improved security by increasing institutional police rounds and providing an in-service on the use of panic buttons
- Added an additional RN to the night shift to improve coverage and assist with admissions
- Increased education of Unit Leaders on the interface with the District Attorney and criteria for prosecution of assault cases
- Developed guidelines for admission of late and evening shift patients and keeping patients at high risk of assault in Psychiatric Emergency Services
- Offered classes to nurses and physicians on pharmacological interventions for potentially assaultive patients
- Updated the existing Safety Management and Response Techniques (SMART) curriculum to emphasize the use of as needed medication and self-care in violent situations, de-

escalation, and limit setting. A modified curriculum is now included as part of hospital orientation to non-clinical support staff.

- Posted signage to patients making them aware of the hospital's zero tolerance for violence policy
- Made snacks available to inpatient units as a therapeutic tool to soothe patients
- Began establishing a post-assault review board to review relevant cases and recommend system changes

Staff and representatives of Local 250 were present to give public comment. The Committee seemed satisfied with the SFGHMC's progress to date and was supportive of the establishment of a post-assault review board. CAL-OSHA is scheduled to return to do a closing conference on Thursday, January 16.

Helipad Feasibility Study – Update

The SFGHMC and Gerson/Overstreet Helipad Feasibility Study Team have met 50% of their targeted project tasks for the aero-medical access feasibility study at the SFGHMC Trauma Center. During the past month the following tasks have been undertaken:

- Structural analysis of the roof are nearing completion to determine if it is feasible to locate a helipad on either of two wings
- Analysis of two elevator shafts are in progress to determine the logistics of expanding elevator access to roof level
- Neighborhood noise analysis and background noise studies in the SFGH campus and neighborhood vicinities has been delayed due to the excessive stormy weather in December; studies are now nearing completion but are behind schedule
- Analysis of expected SFGHMC helipad traffic patterns, including numbers of landings and takeoffs, is nearing completion
- 145 letters were mailed in December to medical professionals, trauma care experts and other healthcare organizations requesting letters of support for aeromedical access to SFGHMC's Trauma Center. 16 very strongly worded letters of support have already been received.
- Community outreach to share information about the study (e.g. why is it being done and what are the components of the study) began in November. Outreach has started with the East Mission Neighborhood Association, Mission neighborhood groups and Potrero neighborhood groups. We are collecting community comments and concerns to incorporate into the final report. Outreach efforts will continue through the month of February.

The Team will be presenting the preliminary report to the JCC-SFGH on February 11 in preparation for the March 4 Helipad Feasibility Study presentation to the full Health Commission.

Commissioners' Comments

- With regard to the Board of Supervisors Hearing on Psychiatric Assaults, Commissioner Monfredini asked if the Board is aware of the hospital's limited ability to use restraints. Ms. O'Connell said that fact was part of the presentation.
- Commissioner Parker asked if assaults have either increased or become more severe. Ms. O'Connell replied that Psychiatry does not think the incidents have increased, but that there is now less tolerance for these events. While people's perception is that patients are more violent, this has not been proven. Commissioner Parker asked if this has impacted turnover or morale. Ms. O'Connell said that they have had trouble recruiting to this unit, but have not had a problem with staff leaving.

4) PATIENT CARE REPORT

Sue Currin, RN, Chief Nursing Officer, presented the Patient Care Report (Attachment A).

5) SFGH FINANCE REPORT

Valerie Inouye, Chief Finance Officer for CHN, presented the Finance Report (Attachment B). Ms. Inouye said that SFGH is forecasting higher than budgeted revenue. Part of this increase is due to increased volume, some is one time and some is a result of increased capitation revenue. The hospital's expenditures are expected to be over budget. The bulk of over expenditures is in salaries and fringe benefits. The PBM is also over budget by approximately \$1.7 million. Ms. Inouye said SFGH has prepared a detailed study on where the overspending is occurring. Most of the clinical departments were over budget in overtime, not in salaries, which is primarily due to staff requisitions being held up.

6) SFGH REBUILD UPDATE

Anthony G. Wagner, Chief Executive Officer of Hospital Systems, presented an update on the SFGH Rebuild (Attachment C).

Commissioners' Comments

- Commissioner Monfredini asked if the cost of a co-located facility would be greater than a stand-alone project. Mr. Wagner said that the cost would be greater due to factors such as inflation, land acquisition and land readiness. These factors will be analyzed as part of the six-month planning process. Commissioner Monfredini asked the overall sentiment that was being communicated during the community meetings. Mr. Wagner said groups in the immediate SFGH neighborhood are more likely to want the hospital to move, mainly because of the helipad issue. The general Mission community, however, is adamantly opposed to SFGH being relocated. People in the rest of the city generally support the helipad. Commissioner Monfredini asked how feasible it would be to get a legislative extension for rebuilding the hospital. Mr. Wagner said that if the parties are serious about co-locating, then there is a good possibility of an extension.
- Commissioner Parker asked if hospitals around the state are also seeking an extension. Mr. Wagner said very few hospitals are ready to rebuild—the majority do not have the funds. Another major issue is the ability of OSHPD to review and approve the plans. Their staff has

been reduced to an extent that even hospitals with funding in place will have trouble getting their plans reviewed and approved. Commissioner Parker thinks there should be statewide consensus on an extension. Such consensus would make legislative success more likely.

7) **PUBLIC COMMENT**

None.

8) **CLOSED SESSION**

A) **Public Comments on All Matters Pertaining to the Closed Session**

None.

B) **Vote on Whether to Hold a Closed Session**

Action Taken: The Committee voted to hold a closed session

The Committee went into closed session at 4:40 p.m. Present in closed session were the same people as in open session, except for Valerie Inouye and Anthony Wagner.

C) **Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1**

APPROVAL OF CLOSED SESSION MINUTES OF DECEMBER 10, 2002

Action Taken: The Committee approved the closed session minutes of December 10, 2002.

CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE, QUALITY ASSURANCE

John Luce, M.D., Medical Director SFGH-QM

Hiroshi Tokubo, CHN Director, QM

Alison Moed, Director of Risk Management

CONSIDERATION OF CREDENTIALING MATTERS

J. Renee Navarro, M.D., Chief of Staff

Action Taken: The Committee approved the January 2003 Credentials Report.

MEDICAL STAFF REPORT

J. Renee Navarro, M.D., Chief of Staff

D) **Reconvene in Open Session**

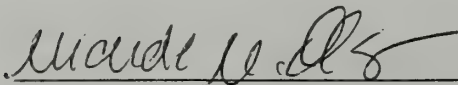
The Committee reconvened in open session at 4:49 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Committee voted not to disclose any discussions held in closed session.

9) **ADJOURNMENT**

The meeting was adjourned at 4:40 p.m.



Michele M. Olson

Executive Secretary to the Health Commission

Attachments (3)

PATIENT CARE SERVICES REPORT

Submitted to the JCC, 1/14/03
Sue Currin, RN, MS, Chief Nursing Office

1. THE NATIONAL NURSING WORKFORCE CRISIS AND SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER NURSING SERVICES

- There were approximately 2.7 million licensed RNs in the US in March 2000; 81% were employed in Nursing (HRSA, Bureau of Health Professions)
- Nationally, the BLS projects a need for 1,004,000 additional RNs by 2010
- Although nursing shortages have occurred in the past and have been cyclical in nature. The current shortage is different due to:
 - Aging of the US population increasing the need for healthcare
 - Aging of RN workforce (average CA RN is 45.2 years old)
 - Fewer women choosing nursing due to expanded career options
 - Decreasing attractiveness of 24/7, inflexible hours job
 - Wages declining (not keeping pace with inflation) in the 1990's (Era of managed care)
 - Nurses publicizing high levels of job dissatisfaction related to workplace conditions, stress, burnout
 - Nationwide decreasing RN graduates throughout the 1990's
 - American Association of Colleges of Nursing reports decreased enrollment in BSN programs by 2.1% in 2000, the sixth year in a row of decline
 - Shortage of nursing faculty limiting the expansion of nursing programs
- Definitive study recently published which demonstrates impact of RN staffing: Aiken et al, JAMA, October, 2002. The study concluded that RN staffing has sizable and significant effects on preventable deaths. For a nurse caring for 8 patients (as compared to 4), those eight patients had a 31% increase in mortality. Aiken also found that the RN's risk of job burnout and dissatisfaction was significantly associated with increasing nurse to patient ratios.
- California RN Workforce: 264,000
 - 544 nurses/100,000 population: this is second lowest in nation (782/100,00 is national average)
 - 83% of Ca RNs with active licenses work (this is high %)
 - CA EDD predicts job growth of 25.6% for RNs from 2000-2010
 - Projected demand is an additional 109,000 RNs needed in CA by 2010
 - CA graduates approximately 5000 graduates annually (5178 in 2001)
 - Applicants to CA RN schools are turned away due to lack of spaces
 - Currently, 50% of CA RNs are trained out of state
 - Shortfall of RNs in CA in 2000 was 8%
 - Shortfall projected to reach 21% by 2010

- CA State actions impacting shortage:
 - Nurse/patient ratios: New legislation that goes into effect 1/04 mandates a specific nurse-to-patient ratio in acute care hospitals
 - Mandatory OT limits/elimination for Nurses: Bill introduced last legislative session; no action to date
 - Nursing Workforce Initiative: Governor's Initiative funded through Workforce Investment Act; goal is to produce more licensed nurses (5000) and improve nurse retention
 - Initial RFP was for \$24 million for regional training collaborations
 - SF/San Mateo submitted a \$2 million proposal which was rejected (Santa Clara, Alameda, Monterey also rejected)
 - SF PIC was invited to resubmit \$400,000 proposal; we are awaiting response from EDD
- SFGHMC
 - 665 RN FTEs; the majority of RNs work 12 hour shifts and do not work full time
- Vacancy Rate
 - 2001-2002 SFGH RN Vacancy rate was 12%
 - Fall 2001 National RN Vacancy rate was 13% (AHA, April 2002)
 - National RN vacancy rate for first quarter 2002 at 10.8% (JWT Communications, National Association of Healthcare Recruiters, August/September 2002)
 - This data is impacted by hiring slowdown/"soft freeze"
 - 2001 RN vacancy rate in SF: 15.8% (Hospital Council)
 - Unit 4B currently experiencing a 34% RN vacancy rate
 - Units 5A, 7D, 6H, and all MHRF units at 0%
- Turnover Rate
 - 2001-2002 RN turnover was 8%
 - National RN turnover was 16.3%
 - In 2001-2002 154 RNs were hired; 97 permanent staff and 57 per diems
- Recruitment & Retention Efforts
 - Nursing Retention and Recruitment Committee established September 2001
 - Staff Nurse representation on committee
 - Nursing Satisfaction Survey conducted Spring 2002
 - Results of survey will lead to development of Staffing Taskforce for Medical-Surgical nursing
 - Mentorship Program for new graduates being piloted in Psychiatry and Medical-Surgical nursing
 - Scholarship Committee established Fall 2002 to establish Nurse Training Program and work with hospital foundation on development of Dorothy Washington Scholarship Fund
- Training Programs
 - Training programs (to train new graduate or inexperienced nurses) have been established in all specialty areas of nursing: Emergency Department, Critical Care, Birth Center, Psychiatry, Medical-Surgical, OR.
 - The ED and Critical Care have conducted a program 3 times in the last year.
 - These programs involve extensive classroom and "precepted" clinical training
 - In the Emergency Department this training program is conducted at a cost of \$20,094 per participant.

2. SUPERVISING NURSES MOU

A contract agreement has been reached with the Supervising Nurses represented by Teamsters Local 856. Highlights of the agreement include:

- COLA 2% 7/04
- Step increases 3.1% 1/04 10 Years of Service
3.1% 4/05 15 Years of Service
- Market Adjustments 3.1% 7/03
2.5% 7/04
2.4% 4/05
- 24/7 5% Premium 7/03
- City Wellness Program Pilot 1/04
- 4 Hours Education Leave for Mandatory Training
- 1% Master's Premium 7/03
- Battery pay same as 790 MOU
- "Give Backs" 1% Longevity Premium at 10 years
2% Longevity Premium at 15 years
Uniform Allowance

3. 4D Transitional Care Beds

Three transitional care beds were opened 1/6/03 on unit 4D. The targeted patients include surgical and trauma patients that meet the current admission criteria (e.g. close monitoring of flaps, new trach or complex respiratory patients). Nursing is in the process of expanding the general med-surg orientation and training program to include skills required for patients at a transitional level of care.

4. NURSING LEADERSHIP CHANGES

Joseph Pendon, Med-Surg Nursing Director, resigned to move to Australia. Yuhum Digdigan is covering the area on an interim basis.

Ken Jones, 4B Transitional Care Unit Nurse Manager, has resigned to accept a position closer to home at Santa Rosa Memorial Hospital.

5. Diversion Summary Report

Please see attachment.

San Francisco General Hospital

Diversion Report

December 2002

Executive Summary

The Emergency Department [ED] recorded **55** episodes of diversion for **210.5** hours representing a rate of **28.3%** in **December 2002**. This is a **3.7%** increase in diversion since **November 2002**.

The **55** episodes of diversion are categorized as follows:

Diversion Type	# Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	55	210.5	28.3	4.8%
Trauma Override	5	13.8	1.85	.5%

The ED was impacted by capacity and high patient acuity during the episodes of Total Diversion and Trauma Override. During this time, **279** patients were pending admission to inpatient beds [ICU-23, 4B/StepDown-97, MedSurg-136]. In **December 2001**, the ED was on diversion **28%** of the month. **Trauma Override** was invoked **0.6%** of the month in **December 2001**.

Total Diversion was recorded for 55 episodes, a total of 210.5 hours or a 28.3% rate for December 2002, and a 4.8% increase in Total Diversion since November 2002. While on Total Diversion the ED held **279** patients in **December 2002**. While on Total Diversion in **December 2001**, the ED held 166 patients awaiting inpatient beds.

Trauma Override was recorded for 5 episodes, a total of 13.8 hours or a 1.85% rate for December 2002. This is a .5% increase in Trauma Override since November 2002. While on Trauma Override the ED held **23** patients in **December 2002**. While on Trauma Override in **December 2001**, the ED held 14 patients awaiting inpatient beds.

Trauma Override Summary

The Emergency Department recorded **5** episodes of Trauma Override for **13.8** hours, a percentage of **1.85%** for the month of December.

Date	Length	Summary of Event
12/02/02	1610-2040 (4h 30m)	911-1 912-4 910-1
12/03/02	1950-2250 (2h)	911-1 912-2 910-0
12/13/02	1435-1630 (1h 55m)	911-0 912-0 910-0
12/16/02	1512-1900 (3h 48m)	911-2 912-2 910-0
12/17/02	2215-2352	911-1

	(1h 37m)	912-2 910-0
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DEFINITIONS:

SFGH internal trauma activation:

The trauma override summary explains trauma patients in the emergency department as 911, 912, 910 and 999. A 911 is a critical trauma patient. A 912 is a potentially critical trauma patient. A 910 is a critical pediatric patient. Finally, a 999 is a multiple casualty incident involving 3 or more critical trauma patient.

EMSS Definitions:

Total Diversion:

When a receiving hospital Emergency Department determines, through pre-established criteria, that the Emergency Department is unable to provide care to additional ambulance patients AND communicates this change in status to the SFFD Comm center.

Trauma Override:

When SFGH continues Total diversion during a period of Total diversion suspension. During Trauma Override, SFGH shall continue the diversion of medical patients, {or all non-trauma and other Special care patients if on total diversion} while continuing to accept patients meeting trauma center destination and specialty care criteria.

The following three conditions must be met:

1. The critical care bed capacity at SFGH is two or less beds.
2. All SFGH internal diversion strategies have been exhausted
3. There is at least one trauma patient in the process of evaluation/ treatment in the SFGH trauma care system.

Prepared by: Sharon Kennedy R.N.
Base Hospital Coordinator

San Francisco General Hospital
Emergency Department
Diversion 2002
Total Diversion Summary

In December, the Emergency Department recorded **55** episodes of
Total Diversion for **210.5** hours, a percentage of **28.3%** for the month.

Date	Length	Summary of Event
12/01/02	0320-0600 (2h 40m)	38 patients in the ED Admits: 1-4B; 1-Floor ED waiting room: 2 urgent patients
12/01/02	1130-1315 (1h 45m)	30 patients in the ED Admits: 1-ICU; 2-4B; 1-Floor ED waiting room: 1 urgent patient
12/02/02	1344-1930 (5h 46m)	35 patients in the ED Admits: 1-ICU; 3-4B ED waiting room: 7 urgent patients
12/03/02	1404-2150 (7h 46m)	37 patients in the ED Admits: 1-ICU; 3-4B ED waiting room: 8 urgent patients
12/04/02	1430-1645 (2h 15m)	34 patients in the ED Admits: 4-Floor ED waiting room: 7 urgent patients
12/04/02	1840-2245 (4h 5m)	36 patients in the ED Admits: 1-4B; 3-Floor ED waiting room: 11 urgent patients
12/04/02	2340-0128 (1h 48m)	35 patients in the ED Admits: 1-4B; 4-Floor ED waiting room: 8 urgent patients
12/05/02	1400-1455 (5m)	48 patients in the ED Admits: 1-4B; 3-Floor ED waiting room: 10 urgent patients
12/05/02	1638-1813 (1h 35m)	39 patients in the ED Admits: 1-4B; 10-Floor ED waiting room: 5 urgent patients
12/06/02	1645-1830 (1h 45m)	34 patients in the ED Admits: 3-ICU; 3-4B ED waiting room: 12 urgent patients
12/06/02	2100-0100 (4h)	43 patients in the ED Admits: 1-ICU; 6-4B; 4-Floor ED waiting room: 20 urgent patients
12/07/02	2100-0700 (10h)	32 patients in the ED Admits: 2-4B; 2-Floor ED waiting room: 8 urgent patients
12/07/02	1825-2125 (3h)	40 patients in the ED Admits: 1-4B; 5-Floor ED waiting room: 4 urgent patients
12/08/02	0020-0120 (1h)	31 patients in the ED Admits: 2-ICU; 2-Floor ED waiting room: 0 urgent patients (<i>confirmed with Charge RN Klaiber</i>)
12/08/02	0200-0245 (45m)	27 patients in the ED Admits: 2-4B ED waiting room: 8 urgent patients
12/08/02	1525-2000 (4h 35m)	37 patients in the ED Admits: 2-ICU; 1-4B; 4-Floor ED waiting room: 1 urgent patient
12/09/02	0415-0615 (2h)	32 patients in the ED Admits: 2-4B; 4-Floor ED waiting room: 12 urgent patients
12/09/02	0858-1429 (5h 31m)	30 patients in the ED Admits: 1-ICU; 2-4B; 1-Floor ED waiting room: 7 urgent patients

12/09/02	1450-1750 (3h)	40 patients in the ED Admits: 1-ICU; 2-4B; 3-Floor ED waiting room: 9 urgent patients
12/09/02	1906-0040 (5h 34m)	37 patients in the ED Admits: 1-ICU; 2-4B; 5-Floor ED waiting room: 4 urgent patients
12/10/02	1210-1635 (4h 25m)	36 patients in the ED Admits: 1-ICU; 3-4B; 1-Floor ED waiting room: 10 urgent patients
12/10/02	2055-0255 (6h)	40 patients in the ED Admits: 3-4B; 6-Floor ED waiting room: 20 urgent patients
12/11/02	1130-1255 (1h 25m)	31 patients in the ED Admits: 4-4B; 1-Floor ED waiting room: 7 urgent patients
12/11/02	1415-1640 (2h 25m)	37 patients in the ED Admits: 1-ICU; 5-4B ED waiting room: 8 urgent patients
12/11/02	1820-2245 (4h 25m)	40 patients in the ED Admits: 1-ICU; 5-4B; 3-Floor ED waiting room: 6 urgent patients
12/12/02	0220-0350 (1h 30m)	35 patients in the ED Admits: 5-4B; 2-Floor ED waiting room: 4 urgent patients
12/12/02	1650-1825 (2h 25m)	40 patients in the ED Admits: 1-ICU; 2-4B; 3-Floor ED waiting room: 5 urgent patients
12/12/02	2345-0245 (3h)	33 patients in the ED Admits: 1-4B; 7-Floor ED waiting room: 16 urgent patients
12/13/02	1325-1645 (3h 20m)	33 patients in the ED Admits: 2-Floor ED waiting room: 1 urgent patient
12/14/02	1828-2110 (2h 42m)	34 patients in the ED Admits: 3-4B; 2-Floor ED waiting room: 4 urgent patients
12/15/02	1845-2118 (2h 33m)	33 patients in the ED Admits: 4-4B; 4-Floor ED waiting room: 2 urgent patients
12/16/02	0250-0620 (3h 30m)	32 patients in the ED Admits: 2-ICU; 2-4B; 7-Floor ED waiting room: 15 urgent patients
12/16/02	1103-1900 (7h 57m)	42 patients in the ED Admits: 2-ICU; 7-4B ED waiting room: 10 urgent patients
12/16/02	2315-0445 (5h 30)	32 patients in the ED Admits: 10-Floor ED waiting room: 10 urgent patients
12/17/02	1207-1212 (5m)	35 patients in the ED Admits: 3-4B; 7-Floor ED waiting room: 4 urgent patients
12/17/02	1445-1635 (1h 50m)	27 patients in the ED Admits: 6-4B; 1-Floor ED waiting room: 3 urgent patients
12/17/02	1755-2352 (5h 57m)	34 patients in the ED Admits: 1-ICU; 4-4B; 5-Floor ED waiting room: 5 urgent patients
12/18/02	1525-1945 (4h 20m)	33 patients in the ED Admits: 2-4B; 6-Floor ED waiting room: 5 urgent patients
12/19/02	1342-1655 (3h 13m)	32 patients in the ED Admits: 1-ICU; 3-4B; 6-Floor ED waiting room: 1 urgent patient
12/20/02	0307-0557 (2h 50m)	30 patients in the ED Admits: 3-4B; 5-Floor ED waiting room: 10 urgent patients
12/20/02	1415-1523 (1h 8m)	27 patients in the ED Admits: 2-4B ED waiting room: 9 urgent patients
12/22/02	1340-1900	35 patients in the ED Admits: 2-4B; 2-Floor

	(5h 20m)	ED waiting room: 1 urgent patient
12/22/02	2240-0110 (2h 30m)	36 patients in the ED Admits: 3-4B; 4-Floor ED waiting room: 7 urgent patients
12/23/02	1635-0510 (12h 35m)	34 patients in the ED Admits: 1-4B; 2-Floor ED waiting room: 4 urgent patients
12/24/02	1200-1415 (2h 15m)	42 patients in the ED Admits: 2-ICU; 2-4B ED waiting room: 6 urgent patients
12/24/02	1545-2025 (4h 40m)	31 patients in the ED Admits: 2-4B ED waiting room: 7 urgent patients
12/24/02	2318-0025 (1h 7m)	39 patients in the ED Admits: 2-4B ED waiting room: 4 urgent patients
12/25/02	1330-2000 (6h 30m)	40 patients in the ED Admits: 3-4b; 1-Floor ED waiting room: 7 urgent patients
12/26/02	1700-0156 (8h 56m)	34 patients in the ED Admits: 2-4B; 13-Floor ED waiting room: 8 urgent patients
12/27/02	1227-1700 (4h 53m)	37 patients in the ED Admits: 5-4B ED waiting room: 18 urgent patients
12/27/02	1700-0200 (9h)	32 patients in the ED Admits: 4-4B ED waiting room: 15 urgent patients
12/28/02	1020-1133 (1h 13m)	24 patients in the ED Admits: 2-ICU; 1-4B; 1-Floor ED waiting room: 8 urgent patients
12/29/02	1710-1920 (2h 10m)	30 patients in the ED Admits: 4-4B ED waiting room: 4 urgent patients
12/30/02	1240-2055 (8h 15m)	38 patients in the ED Admits: 3-Floor ED waiting room: 7 urgent patients
12/31/02	1515-2359 (2h 44m)	33 patients in the ED Admits: 3-4B; 3-Floor ED waiting room: 7 urgent patients

November 30, 2002 Financial Statement

FY 02-03

Division	REVENUES			EXPENDITURES			TOTAL Surplus/ (Deficit)
	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	
Department of Public Health							
SFGH	\$ 493,537,000	\$ 510,129,000	\$ 16,592,000	\$ 493,537,000	\$ 503,160,000	\$ (9,623,000)	6,969,000
Laguna Honda	148,491,000	148,812,000	321,000	148,491,000	149,673,000	(1,182,000)	(861,000)
Primary Care	48,222,000	48,055,000	(167,000)	48,222,000	48,589,000	(367,000)	(534,000)
Health at Home	5,031,000	5,033,000	2,000	5,031,000	4,735,000	296,000	298,000
Jail Health	26,288,000	26,288,000	0	26,288,000	28,053,000	(1,765,000)	(1,765,000)
Public Health	92,622,000	92,622,000	0	92,622,000	92,490,000	132,000	132,000
Mental Health	177,779,000	181,067,000	3,288,000	177,779,000	176,873,000	906,000	4,193,000
Substance Abuse	64,910,000	64,910,000	0	64,910,000	64,910,000	0	0
TOTAL DPH	1,056,880,000	1,076,916,000	20,036,000	1,056,880,000	1,068,483,000	(11,603,000)	8,432,000

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carryforwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

DATE: January 13, 2003

TO: Lee Ann Monfredini, Chair, and
San Francisco General Hospital Medical Center Joint Conference Members

FROM: Anthony Wagner, Executive Administrator
Hospital Systems

RE: San Francisco General Hospital Medical Center (SFGHMC) Rebuild Update

SFGHMC Rebuild Planning Update

As you are aware, we have been conducting our SFGHMC Rebuild planning efforts with the goal of presenting a general obligation bond measure to the voters in November 2003. Throughout our planning process, one of the issues that emerged was the potential benefit of co-locating a new public hospital at Mission Bay with the University of California San Francisco Medical Center (UCSFMC). This option has been raised by many community members early in our planning process and was supported by our consultants (Lewin) as an option with compelling benefits. Some of the benefits that we may receive from co-location include:

- Greater opportunity to attract UCSF faculty that serve as SFGHMC medical staff.
- Better backup for the SFGHMC surgical specialties.
- Easier transfer of patients who require highly specialize services from SFGHM to UCSFMC.
- Improved trauma services via a shared helipad. Currently neither medical center has a helipad.
- Potential ability to leverage more funds (DSH, Medicare).
- Potential capital savings.
- Opportunities to share support services (lab, security, parking, translator).

While we may all agree there are many challenges to co-locating with UCSF, there is also agreement that an exercise in developing a well-considered best-case scenario is essential to coming to a final conclusion regarding the direction we take. Our clients, our staff and the citizens of San Francisco will expect a full review of this option when funding is requesting for this project.

Thus, our planning process has shifted gears. Beginning in February 2003, we, along with UCSFMC have jointly retained Kurt Salmon Associates (subcontractors of the SOM/Tsang contract already approved by the Health Commission) to facilitate the two groups in arriving at a conclusion around whether co-location options for each institution's proposed new clinical

facilities are feasible. We have committed to a six-month planning process that should conclude in late spring. At the end of the consultation we will have documentation available for public distribution that communicates careful consideration of the co-location option. This documentation would serve as a foundation for either supporting pursuit of the option or dismissing it as a valid but currently, non-viable concept. If the consultation shows that it is feasible and preferable to co-locate with a university hospital, then we would most likely require more time to develop the master plan. At that point we would request a legislative exemption extending our deadline to a later date.

If the consultation shows that it is not feasible to co-locate SFGHMC with UCSFMC then we would continue our efforts to rebuild a separate SFGHMC at the current site. We would likely plan for a bond measure to be placed on a ballot in November 2004 or shortly thereafter. The extra time we would have spent on planning for the co-location may result in our being delayed in meeting the SB 1953 deadline of 2013. If so, we would also request legislative support in granting us a one or two-year extension.

Committee Meetings

The SFGHMC Rebuild Steering Committee, whose members include SFDPH staff, UCSF employees, and community members will continue to meet. Our meeting schedule has been revised to reflect the change in our planning focus. Our next meeting will be February 11, 2003.

Subcommittees continue to work through unresolved issues.

Inpatient Pediatrics and Obstetrics Work Group

Force Between October and December 2002, a work group of SFGHMC and UCSFMC personnel convened to discuss the recommendation presented in the Long Range Service Delivery Plan that SFGHMC consolidate its inpatient pediatric and obstetric services with another provider. The work group was charged with developing a list of recommendations for short & long opportunities for consolidation of SFGHMC and UCSFMC inpatient pediatric services under two scenarios: 1) if a UCSFMC Mothers and Children's Hospital were built in San Francisco; and 2) if such a hospital were not built. Approximately 15 administrators and medical providers from pediatric, obstetric, trauma, and family practice were invited to participate in the work group. The group met on three separate occasions. Thus far, there is long-term scenario support for pursuing collaboration with UCSFMC if they build a Mothers and Children's Hospital in San Francisco. Short-term collaboration is less likely, particularly for obstetrics, as UCSFMC is currently operating at capacity and would not be able to accommodate additional patients. A formal report outlining the Work Group recommendations will be presented at a future date.

During the same period, the CHN Planning Office coordinated a pilot survey of SFGHMC patients in the labor and delivery ward to assess the influences on their decision to deliver their child at SFGMC and their preferences regarding a proposed UCSFMC Mothers and Children's Hospital in San Francisco. With the help of four graduate students from the UC Berkeley School of Public Health, a written survey was administered to twenty-three women through

in-person interviews in English and Spanish. The public health students are in the process of summarizing their findings. Once complete, these findings will be presented to the appropriate Joint Conference and the Health Commission.

Ambulatory Care

We have given the Ambulatory Care subcommittee additional time to address issues raised by the Lewin report; e.g., a "super clinic"; absorbing 40,000 clinic visits from the Hospital into community clinic settings; adding an additional 20,000 new visits to community based clinics, etc. They have organized and begun meeting.

SFGHMC Medical Staff Leadership Proposal

The Medical Staff Leadership of SFGHMC recently held a retreat to discuss options for the rebuilding of SFGHMC. They expressed strong support for relocation of the hospital to Mission Bay, regardless of any decision concerning the location of a new University of California, San Francisco Medical Center (UCSFMC). It was felt that this location would be optimal for the recruitment and retention of faculty because it would provide the best potential for research space (both desk top- and bench) and also would provide the critical mass of faculty to maintain a viable academic community. It was also felt the Mission Bay site would also enable more flexibility in structuring patient care services, especially trauma services. The group recognized that there are major barriers that would have to be surmounted in order to move SFGHMC to Mission Bay; however, it was felt that the potential benefits justify the effort that will be required.

Community Outreach

Our external outreach efforts are ongoing. Both the Rebuild and the Helipad Feasibility Study have been discussed at all community outreach meetings. The subjects are discussed in separate presentations, but both are discussed in order that we prospectively share all major planning efforts with our communities. We recently held a training session for those staff that would be potential community speakers.

We have already presented to the East Mission Neighborhood Association, and the Potrero Boosters. Members of both of these groups expressed concerns about placing a helipad on the SFGHMC campus. Many of them also expressed support for relocating the campus to the Mission Bay site. We have also presented to SPUR.

Following up with a suggestion from Commissioner Sanchez, we joined him in a meeting with leaders of several Mission Neighborhood Community organizations to receive their input, concerns and guidance regarding the rebuild. Much concern was raised about the possible relocation of SFGHMC from the current Potrero Site. Many of the concerns focused on the possible loss of easy access to services provided by SFGHMC. Concerns were also raised about the potential economic loss to neighborhood businesses. A much larger meeting is being planned in the near future from names that were recommended by those attending the meeting. Another presentation is scheduled with SPUR and the Bayview Hunter's Point Community Leaders this month and one with NICOS in February.

Delaying the bond measure has also provided us more opportunities to meet with the community to solicit feedback. Our schedule for community meetings continues to be rigorous. Following is a calendar of community meetings from November 2002 through February 2003. We will continue to schedule additional meetings and welcome the Commissioners participation and advice.

DATE	EVENT
11/6/02	SPUR
11/18/02	East Mission Neighborhood Meeting
11/19/02	Potrero Boosters
11/21/02	San Francisco General Hospital Medical Center Advisory Committee
11/25/02	Mission Neighborhood Community Organizations' Leaders
1/23/03	SPUR Community Meeting
1/29/03	Meeting with BVHP Community Health Leaders
2/14/03	NICOS Chinese Health Coalition (includes: Northeast Medical Services, Chinese Community Health Care Association, Chinese Hospital, On Lok Senior Health Services, Self Help for the Elderly)

I will continue to keep the Commission apprised of our activities at the full Health Commission meeting as well as through the SFGHMC and CHN Joint Conference Committees.

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

458 Lee Ann Monfredini
Commissioner

03 Harrison Parker, Sr., D.D.S.
Commissioner

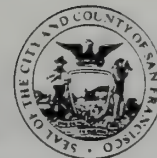
Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: <http://www.dph.sf.ca.us>

AGENDA

**JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING**

Tuesday, February 11, 2003

3:45 p.m. - 5:30 p.m.

1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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Commissioner Lee Ann Monfredini, Chair
Commissioner Harrison Parker, Sr. DDS

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF JANUARY 14, 2003**
**Minutes of January 14, 2003*

3) **FOR DISCUSSION:** **HOSPITAL HEALTHCARE UPDATE**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, San Francisco
General Hospital Medical Center)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE REPORT**
(Sue Currin, RN, Chief Nursing Officer)
**Report*

- 5) FOR DISCUSSION AND ACTION: CONSIDERATION OF A RESOLUTION APPROVING THE CONTINUED PROVISION OF SURGICAL AND ANESTHESIA SERVICES BY SAN FRANCISCO GENERAL HOSPITAL FOR LAGUNA HONDA HOSPITAL RESIDENTS AND PATIENTS, AND A NEW AGREEMENT THAT MEMORIALIZES THIS ARRANGEMENT

(Larry Funk, LHH Administrator)

**Resolution*

- 6) FOR DISCUSSION: HELIPAD FEASIBILITY STUDY UPDATE
(Christine Wachsmuth, RN, MS, Director of Emergency and Clinical Support)

**Report*

- 7) PUBLIC COMMENT**

- 8) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session

C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: APPROVAL OF CLOSED SESSION MINUTES OF DECEMBER 10, 2002

FOR DISCUSSION AND POSSIBLE ACTION: MEDICAL STAFF REPORT
J. Renee Navarro, M.D., Chief of Staff

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
J. Renee Navarro, M.D., Chief of Staff

FOR DISCUSSION: CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE, QUALITY ASSURANCE
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

9) ADJOURNMENT

- * Explanatory documents are available at the Joint Conference Committee, 101 Grove Street, Room #311.
- ** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:

www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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/03
Edward A. Chow, M.D.
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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, February 11, 2003
3:45 p.m. - 5:30 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting was called to order by Commissioner Parker at 3:50 p.m.

Present: Commissioner Harrison Parker, Sr. DDS, Chair
Commissioner Lee Ann Monfredini

Staff: John Brown, M.D., Anne Chang, Bobbi Earsey, Larry Funk, Kate Garay, Myra Garcia, Ana Ghosh, Mozettia Henley, Seth Ingram, John Luce, M.D., Robert Mackersie, M.D., Sharon McCole Wicher, Alison Moed, Kathy Murphy, Renee Navarro, M.D., Valerie Ng, M.D., Gene O'Connell, Cathryn Thurow (for Sue Carlisle) and Christine Wachsmuth.

2) APPROVAL OF MINUTES OF JANUARY 14, 2003

Action Taken: The Committee approved the minutes of the January 14, 2003 San Francisco General Hospital Joint Conference Committee meeting.

3) HOSPITAL HEALTHCARE UPDATE

Gene O'Connell, Executive Administrator, San Francisco General Hospital Medical Center, presented the Hospital Healthcare Update.

PROGRAM UPDATES

Staff Meetings Discussing the DPH Fiscal Year 03-04 Budget Impact

Given the City's projected budget shortfall of about \$350 million and projected deficits at the State and Federal level, the Department of Public Health has had to propose significant reductions in staffing and programs to meet General Fund reduction targets. Because of the potential for layoffs, Gene O'Connell, Executive Administrator, convened meetings with managers and staff that would be most affected by program reductions as well as open meetings to roll-out information on the overall budget and its impact on SFGHMC.

January 29 – Ms. O'Connell convened the hospital's Executive Committee to discuss information to date on proposals being forwarded to the Health Commission and communication of information to managers and staff.

January 29 and 30 – Mental Health Rehabilitation Facility and Office of Managed Care: Meetings were held with MHRF Executive Staff on January 29 and all MHRF staff on January 30 to discuss the proposal to re-license the MHRF into a residential care facility and the potential for layoffs. Bob Thomas, Personnel Officer for Labor Relations, accompanied Gene O'Connell. Dr. Robert Okin, Chief of Service for Psychiatry, and Dr. Sue Carlisle, interim UCSF Associate Dean, were also informed of the proposal.

On January 30, Gene O'Connell also met with staff in the Office of Managed Care to discuss the proposed closing of the office as a result of returning responsibilities to the San Francisco Health Plan.

February 3 – Patient Referral and Interpreter Services: Gloria Garcia-Orme, Director of Patient Relations, informed staff who would be impacted by the proposal to eliminate Patient Referral and reduce Interpreter Services by 50%.

February 4th and 6th – Management Forum and Open Staff Meeting: O'Connell presented the DPH budget submitted to the Health Commission to managers on February 4th and fielded questions from staff at an open staff meeting in Carr Auditorium on February 6.

SFGHMC Rebuild – UCSF/SFGHMC Co-location Meeting

On February 3, SFGHMC and UCSF held its first of 3-4 meetings over the next four months to discuss the possibility of co-locating services as both medical centers move towards meeting seismic safety standards. Director of Health Mitch Katz, Gene O'Connell, Anthony Wagner (CEO of Hospital Systems), Judith Klain (DPH Planning) and John Kanaley (SFGH Associate Administrator, Support Services) represented the Department and SFGHMC. Representatives from UCSF included Mark Laret, CEO of UCSF Medical Center and Haile Debas, Dean of the School of Medicine.

The objective of the first meeting was to achieve a shared understanding and agreement on the assumptions that drive co-location, key goals for both institutions, and whether other hospital systems that are co-located and/or co-administered could serve as comparable models. Both sides agreed that co-location was valuable to discuss and thoroughly explore.

EVENTS

Healthy Kids Press Conference

On January 27, First 5 California held a press conference in the lobby of SFGHMC to promote the Healthy Kids health insurance program. Healthy Kids is a comprehensive health coverage program for children residing in San Francisco, San Mateo, Santa Clara, and Solano counties who currently are not qualified for Medi-Cal or Healthy Families. In San Francisco County, children under 19 living in families with incomes up to 300% of the federal poverty level who are not eligible for other public health insurance, regardless of immigration status, are eligible for Healthy Kids. Covered services include medical, dental, vision, immunizations, prescriptions, hospital care, mental health, and emergency medical services.

Mitch Katz kicked off the press conference joined by director/actor Rob Reiner, First 5 California Chair. First 5 was established after the passing of Proposition 10, which added a 50 cent-per-pack tax on cigarettes to fund education, health, and child care programs. Representatives from Bay Area County Commissions also spoke during the press conference; these counties have joined together to invest more than \$7.7M annually towards the Healthy Kids initiative.

At the close of the press conference, Gene O'Connell escorted Reiner and honored guests through SFGHMC's Children's Health Center, where they witnessed preventive screening exams being given to patients. Cleo Moore, Head Nurse for the Children's Health Center, arranged the tour for guests and the media.

10th Anniversary of the 3M Breast Clinic

On Tuesday, February 11, the 3M Breast Clinic is holding a celebration of its 10th anniversary from 6:30 to 8:00 p.m. in Room 2A6 in the Main Building of the hospital. The clinic was founded in 1993 by Dr. Judith Luce, Dr. Peggy Knudson, and Clinic Manager Joan Lyons. Originally funded as a weekly clinic through grassroots efforts such as bake sales and fashion shows, the clinic has grown to provide navigators, support groups, and educational programs to ensure that women get the best in breast health services.

STAFF NEWS

Sue Currin, Chief Nursing Officer, was selected to participate in the National Association of Public Hospitals' 2003 Fellows program (details in the Patient Care Report).

Seth Ingram, a public health intern who provided tremendous assistance to SFGHMC on activities related to the helipad feasibility study, was selected for a fellowship with Sutter Health after graduation. Seth is currently a student at UC Berkeley School of Public Health.

Alison Moed presented a Cal/OSHA Update. Cal/OSHA visited SFGH on several occasions and performed an inspection in response to concerns expressed to them by Psychiatry staff about safety issues related to violent patient behavior on the Psychiatric Units. On January 16, 2003, Cal/OSHA issued a Citation and Notification of Penalty regarding various items. Ms. Moed's report (Attachment A) lists the citations, violations and corrective actions. It is expected that all corrective actions will be completed by the abatement date of February 18, 2003 with the exception of Citation 1.2. The Committee accepted the report and recommended that the corrective actions be implemented.

Commissioners' Comments

- Commissioner Monfredini asked if the federal Orange Alert has impacted hospital or department operations. Dr. Brown replied that a memo was sent to all EMS stakeholders reminding them to review all plans and test new communications systems. There are two new policies, and Anne Stangby from SFGH is confident that SFGH staff will be trained and prepared. SFGH had 100 percent compliance with the last communications test.

4) PATIENT CARE REPORT

Sharon McCole Wicher, R.N., presented the Patient Care Report (Attachment B).

Commissioners' Comments

- Commissioner Parker asked if the nursing shortage is being addressed on a statewide level. Ms. McCole Wicher replied that there is a Statewide Nursing Workforce Initiative. She added that while colleges, hospitals and other institutions are making an effort, the youth of today are not choosing nursing as a profession.

5) CONSIDERATION OF A RESOLUTION APPROVING THE CONTINUED PROVISION OF SURGICAL AND ANESTHESIA SERVICES BY SAN FRANCISCO GENERAL HOSPITAL FOR LAGUNA HONDA HOSPITAL RESIDENTS AND PATIENTS, AND A NEW AGREEMENT THAT MEMORIALIZES THIS ARRANGEMENT

Larry Funk, LHH Administrator, presented this resolution. The resolution was precipitated by the rebuild of Laguna Honda Hospital. The California Health and Safety Code allows newly constructed general acute care licensed facilities that provided required surgical and anesthesia services through a contract with another acute care hospital prior to 1983 to continue to provide these services through a contract or agreement. San Francisco General Hospital has provided these services to Laguna Honda since prior to 1983 so Laguna Honda can operate the new facility without building operating rooms and a post anesthesia recovery room.

This resolution memorializes and documents the current arrangement, and will be presented to the Health Commission on March 4, 2003.

Action Taken: The Committee approved the resolution approving the continued provision of surgical and anesthesia services by San Francisco General Hospital for Laguna Honda Hospital residents and patients, and a new agreement that memorializes this arrangement.

6) HELIPAD FEASIBILITY STUDY UPDATE

Christine Wachsmuth, RN, MS, Director of Emergency and Clinical Support, and Mike McClintock, Gerson/Overstreet, presented a power point presentation on the Trauma Center Air Medical Access Feasibility Study. They discussed the findings of both the Needs Assessment and the Feasibility Analysis. They also provided an overview of the community outreach program and the various neighborhood associations at which they gave presentations.

7) **PUBLIC COMMENT**

None.

8) **CLOSED SESSION**

A) **Public Comments on All Matters Pertaining to the Closed Session**

None.

B) **Vote on Whether to Hold a Closed Session**

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 5:15 p.m. Present in closed session were Gene O'Connell, Renee Navarro, M.D. (left at 5:30 p.m.), Myra Garcia, Sharon McCole Wicher, Anne Chang, Alison Moed, John Luce, M.D., Christine Wachsmuth, Valerie Ng, M.D., Kathy Murphy.

C) **Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1**

APPROVAL OF CLOSED SESSION MINUTES OF DECEMBER 10, 2002

The agenda incorrectly stated that the minutes were from the December 10, 2002 closed session. They were actually from the January 14, 2003 closed session.

Action Taken: The Committee approved the closed session minutes of January 14, 2003.

MEDICAL STAFF REPORT

J. Renee Navarro, M.D., Chief of Staff

No action taken.

CONSIDERATION OF CREDENTIALING MATTERS

J. Renee Navarro, M.D., Chief of Staff

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE, QUALITY ASSURANCE

John Luce, M.D., Medical Director SFGH-QM

Hiroshi Tokubo, CHN Director, QM

Alison Moed, Director of Risk Management

D) **Reconvene in Open Session**

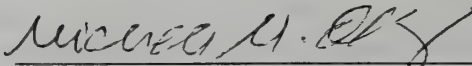
The Committee reconvened in open session at 5:55 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Committee voted not to disclose any discussions held in closed session.

9) **ADJOURNMENT**

The meeting was adjourned at 5:55 p.m.



Michele M. Olson

Executive Secretary to the Health Commission

Attachments (2)

Cal/OSHA Update
February 11, 2003

Cal/OSHA visited SFGHMC on several occasions during the period of July 31, 2002 until January 16, 2003. They performed an inspection in response to concerns expressed to them by Psychiatry staff about safety issues related to violent patient behavior on the Psychiatric Units. On January 16, 2003, Cal/OSHA issued a *Citation and Notification of Penalty* regarding the items listed below, and opened an investigation at the Mental Health Rehabilitation Facility regarding similar issues. It is expected that all corrective actions will be completed by the abatement date of February 18, 2003, with the exception of Citation 1.2, as listed below. We have scheduled an Informal Conference to discuss the citations with Cora Gherga, Manager of the District Office.

REGULATION	VIOLATION	CORRECTIVE ACTIONS
<p>Citation 1 Item 1 (General) 8CCR 3203 (a)(3) Penalty: \$450.00 "Injury and Illness Prevention Program. Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (Program). The Program shall be in writing and, shall, at a minimum: . .</p> <p>Include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal. Substantial compliance with this provision includes meetings, training programs, postings, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensures communication with employees."</p>	<p>Employees in acute psychiatric wards used yelling to summon help during patient violent behaviors such as assaults. This established and implemented system of communication was not effective because it introduced the potential for a failure in communication, such as in areas of isolation.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Personal alarms made available to staff on all of the Psychiatric units <input type="checkbox"/> Individual "Assist Button" alarm system(s) in place on each unit to provide for immediate notification and physical response of Institutional Police (IP) &/or other Psychiatric Units when triggered <input type="checkbox"/> Facilities to ensure signage & maintenance of "Assist Buttons" <input type="checkbox"/> Psychiatry staff inserviced regarding use of personal alarms & optimal communication of situations when additional assistance needed, including on-unit communication, "Assist Buttons" usage, administrative notification, & post-situation "rehash"

REGULATION	VIOLATION	CORRECTIVE ACTIONS
<p>Citation 1 Item 2 (General) 8CCR 3203 (a)(5) * Penalty: \$225.00 "Injury and Illness Prevention Program. . . . The Program shall be in writing and, shall, at a minimum: . . . Include a procedure to investigate occupational injury or occupational illness." * A thirty-day extension to the abatement date was requested and received to ensure completion of training of appropriate staff.</p>	<p>The employer's Program was not effectively implemented with respect to investigation of occupational injuries in acute psychiatric wards. The employer requires that occupational injuries be reported, investigated and follow-up, including the completion of the "Supervisor's Incident Investigation Report". These procedures were not consistently implemented. Only basic circumstantial information was identified and documented, and not the incident's causal factors and corrective actions.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Mandatory training for all SFGH supervisors/managers on "How to Conduct an Accident/Incident Investigation" on February 25, 2003, Management Forum focusing on how to identify causal factors and to develop effective corrective actions. <input type="checkbox"/> AOD's to ensure appropriate documentation completed on off-shifts. <input type="checkbox"/> SFGHMC Safety Officer (SO) now reviewing/evaluating all SIIR's to ensure causal factors are identified and appropriate corrective actions are taken. SO to assist Supervisors/Managers with follow-up investigations if needed.
<p>Citation 1 Item 3 (General) 8CCR 3203 (a)(7) Penalty: \$225.00 "Injury and Illness Prevention Program. . . The Program shall be in writing and, shall, at a minimum: . . . Provide training and instruction:.... (B) To all new employees; (C) To all employees given new job assignments for which training has not previously been received; (F) For supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.</p>	<p>The employer's Program was not effectively implemented with respect to training and instruction. Effective training and instruction regarding violent behavior of patients was not provided to certain classes of employees working on acute psychiatric wards, including but not limited to: unit clerks and Environmental Service porters.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Unit Clerks assigned to the acute psychiatric wards now receive special SMART training oriented to their role <input type="checkbox"/> Safety awareness training provided to the Environmental Service Porters as well as Pharmacy, Dietary, Lab, Medical Records, and Eligibility workers who work on the psychiatric units. <input type="checkbox"/> New "Workplace Safety" module incorporated into Employee Orientation <input type="checkbox"/> "SafetyGram" on Workplace Safety Awareness distributed to all SFGH staff

REGULATION	VIOLATION	CORRECTIVE ACTIONS
<p>Citation 1 Item 4 (General) 8CCCR 6184 (a)(5) Penalty: \$335.00 "Employee Alarm Systems. All employees shall be made aware of means and methods of reporting emergencies. The methods may be but not limited to manual pull box alarms, public address systems, radio or telephones. When telephones are used as a means of reporting an emergency, telephone numbers shall be conspicuously posted nearby. Where a communication system also serves as the employee alarm system, all emergency messages shall have priority over all non emergency messages."</p>	<p>The employer failed to ensure that employees were aware of means and methods of reporting emergencies. Some employees working in the acute psychiatric wards were unaware of button-activated alarm systems installed in the nurse's stations.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> "Guidelines For Use When Calling For Assistance From Institutional Police Or Other Units" developed & distributed <input type="checkbox"/> Psychiatry staff inserviced regarding use of personal alarms & optimal communication of situations when additional assistance needed, including on-unit communication, "Assist Buttons" usage, administrative notification, & post-situation "rehash" <input type="checkbox"/> Orientation to the acute psychiatric units includes usage of the Assist Buttons and IP emergency telephone number
<p>Citation 1 Item 5 (General) 8CCCR 6184 (e)(1) Penalty: \$225.00 "Employee Alarm Systems. Manual Operation. Manually operated actuation (sic) devices for use in conjunction with employee alarms shall be unobstructed, conspicuous and readily accessible."</p>	<p>The employer failed to ensure that manually operated actuation (sic) devices for use in conjunction with employee alarms were unobstructed and conspicuous in the acute psychiatric wards. Button-activated alarm devices installed in the nurse's stations were inconspicuous, including but not limited to the alarm buttons designated to alert Institutional Police. Also, on 8/5/02 one of the alarm buttons designated to alert the Institutional Police was obscured by documents posted over the device.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Facilities to develop & install prominent signage to identify placement of the Assist Buttons <input type="checkbox"/> Assist Buttons to be checked each shift to ensure they are unobscured and in the "ON" position

REGULATION	VIOLATION	CORRECTIVE ACTIONS
<p>Notice 8CCR 14300.29(a) Penalty: None "Forms. Basic requirement. You must use Cal/OSHA 300, 300A, and 301 forms, or equivalent forms, for recordable injuries and illnesses. The Cal/OSHA Form 300 is called the Log of Work-Related Injuries and Illnesses, the Cal/OSHA Form 300A is called the Summary of Work-Related Injuries and Illnesses, and the Cal/OSHA Form 301 is called the Injury and Illness Incident Report. Appendices A through C give samples of the Cal/OSHA forms. . . .</p>	<p>The employer failed to ensure that a Cal/OSHA 300 or equivalent form was used for recordable injuries and illnesses. The form used by the employer for injuries occurring in 2002 did not record with sufficient specificity the location where the event occurred, as directed by the sample form in Appendix A of this Article.</p>	<p><input type="checkbox"/> Cal/OSHA 300 equivalent form revised to record and provide data concerning specific location of each event that occurs</p>

PATIENT CARE SERVICES REPORT

Submitted to the JCC, 2/11/03
Sue Currin, RN, MS, Chief Nursing Officer
San Francisco General Hospital

1. RETENTION AND RECRUITMENT:

- Nurse Manager Academy

Five Nurse Managers will attend the Nurse Manager Academy at Johns Hopkins from February 22 through 28, 2003. Nela Ponferrada, Vivian Curd, Robert Sypher, Lawrence Nichols and Patricia Carr will spend six days focusing on the managerial and leadership skills for success in the Nurse Manager role. A multi-year grant from the San Francisco Foundation funded 12 SFGH nursing leaders to attend the Nurse Manager Academy this year. Funds in the second year of the grant will be used to develop a similar course in San Francisco for SFGH nursing leaders. Gene O'Connell, Susan Currin and Leslie Holpit met with Dean Kathleen Dracup of the UCSF School of Nursing to propose a collaborative effort in developing such a course. The Dean was enthusiastic about the proposal and would like to see a closer working relationships with SFGH related to clinical placements of nursing students, nursing research at SFGH and projects related to the advancement of nursing.

- Nursing Grant

SFGH, in collaboration with the SF Private Industry Council, seven San Francisco hospitals, SEIU Local 250 and San Francisco City College received a \$400,000, 3-year grant from State Nursing Workforce Initiative funds. The grant will provide 10 additional RN training slots at City College for incumbent hospital workers, 30 LVN refresher training slots for foreign trained nurses, and 15 incumbent CNAs will receive education to prepare them for entry into an LVN program. SFGH will have 1-2 LVNs and 1-2 RNs trained through the grant. Lisa Bongco CNA from 4A and Doris Brown LVN at the MHRF are currently participating in the SFGH sponsored Nurse Training Program, attending RN school.

- Nursing Staff Update

	New Hires 2003 Licensed Staff	New Hires 2003 Unlicensed Staff	Overall Nursing Vacancy Rate
Med-Surgical	14	19 as needed CNAs	4.1%
SNF	1		0%
Critical Care	10	1 student intern	13%
Perinatal	4 + 1 P103		9%

PeriOp	1 (OR Tech)		6%
ED	5 + 3 P103s + 1 NP (as needed)		7%
Psych	5 perm., 3 P103s		12%
MHRF	1	2 CNAs	4%
Clinics	4 perm., 1 P103		6%
TOTAL	45 permanent staff and 9 As Needed Staff	20 As Needed Staff and 2 permanent staff	9%

2. **NATIONAL ASSOCIATION OF PUBLIC HOSPITALS' 2003 FELLOWS PROGRAM:**

Sue Currin, Chief Nursing Officer, and Colleen Johnson, DPH's Assistant Director of Policy and Planning, were selected to participate in the National Association of Public Hospitals' Fellows Program for 2003. This year's program encourages the development and dissemination of a new model for collaboration between government affairs and communication/public relations staff among member hospitals.

3. **4D TRANSITIONAL CARE ROOMS - January 6 – 31, 2003**

The three Transitional Care Rooms (TCR) in Unit 4D opened on January 6, 2003. The goal of the TCR is to manage surgical patients requiring a higher acuity level than general med-surg. The TCR was opened for 25 days in the month of January and admitted 23 patients with an average length of stay of 2 days.

The Trauma Service admitted 11 patients, Neurosurgery 6, Plastics 2, ENT 1, Orthopedics 1, Medicine 1, and Urology 1 patient. The most common criteria for admission was frequent monitoring (e.g. every hour) of vital signs, pulmonary toilet and respiratory observation, vascular checks, and spinal cord injury care. One patient required a transfer to 4B for cardiac monitoring, another to the 5C MBU for behavioral observation. There were no transfers to the ICU and no re-admissions to the TCR.

Hospital areas utilizing the TCR in order of frequency are:

PACU (8)
Emergency Department (7)
ICU (4)
4D (2)
4B (1)
5C (1)

The TCR, for its first month of operation, has met the goal of managing higher acuity patients and providing safe nursing care with progression of these patients to a standard medical/surgical level within the same unit.

In summary, this early review of the TCR admission criteria indicates appropriate admission and adherence to unit criteria and successful nursing management of complex patients. This PI process is an ongoing endeavor shared by the Nurse Manager, CNS, and the 4D nursing staff.

4. **BED UTILIZATION COMMITTEE REPORT**

- Condition Yellow

Condition Yellow was utilized 3.5% in November and 4.8% in December. It does not appear that there is correlation between ED diversion and Condition Yellow. The Committee is continuing to gather data on this.

- Discharge Lounge

The Discharge Lounge has been moved to 5A and will have greater accessibility to nursing staff. Usage is continuing to increase. Recent data collection shows 75% of discharged patients do not meet criteria for Lounge. The Discharge Lounge staffer is now rounding with all medicine teams in the morning, will get information on who is to be discharged and will relay that information to the unit charge nurses. This will allow for earlier discharge planning. Monthly audits of Lounge usage will continue.

- Clinic Appointments

Clinic appointment access has been identified as a major discharge planning delay. A task force was convened, but the issues are multiple and cross many divisions.

- LHH Patient Referrals

A new process for patient referrals to LHH was piloted on January 15, 2003. The LHH team came to SFGH to review new patient referrals with staff from Utilization Review (UR) and Medical Social Services. Patient rounds then occurred and decisions to accept patients for admission to LHH were made immediately. The LHH physician is currently contacting the UR Division daily to check new patient referrals. Five of six patients referred in January have been accepted.

The weekly screening rounds at LHH continue and a more user friendly referral form is being developed.

San Francisco General Hospital

DIVERSION REPORT

JANUARY 2003

Executive Summary

The Emergency Department [ED] recorded **54** episodes of diversion for **233** hours representing a rate of **31.3%** in **January 2003**. This is a **3%** increase in diversion since **December 2002**.

The **54** episodes of diversion are categorized as follows:

Diversion Type	# Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	54	233	31.3%	3%
Trauma Override	11	45.4	6.1%	4.25%

The ED was impacted by capacity and high patient acuity during the episodes of Total Diversion and Trauma Override. During this time, **415** patients were pending admission to inpatient beds [ICU-23, 4B/StepDown-115, MedSurg-277]. **In January 2002, the ED was on Total Diversion 39.7% of the month. Trauma Override was invoked 3.2% of the month in January 2002.**

Total Diversion was recorded for **54** episodes, a total of **233** hours or a **31.3%** rate for **January 2003**, and a **3%** increase in Total Diversion since **December 2002**. While on Total Diversion the ED held **415** patients in **January 2003**. While on Total Diversion in **January 2002**, the ED held **194** patients awaiting inpatient beds.

Trauma Override was recorded for **11** episodes, a total of **45.4** hours or a **6.1%** rate for **January 2003**. This is a **4.25%** increase in Trauma Override since **December 2002**. While on Trauma Override the ED held **77** patients in **January 2003**. While on Trauma Override in **January 2002**, the ED held **61** patients awaiting inpatient beds.

Trauma Override Summary

The Emergency Department recorded **11** episodes of Trauma Override for **45.4** hours, a percentage of **6.1%** for the month of January.

Date	Length	Summary of Event
01/01/03	0158-0615 (4h 17m)	911-2 912-2 910-0
01/02/03	1907-2028 (1h 21m)	911-1 912-1 910-0

01/06/03	1837-0205 (7h 28m)	911-2 912-0 910-0
01/07/03	1620-1840 (2h 20m)	911-0 912-1 910-0
01/13/03	2110-2310 (2h)	911-1 912-1 910-0
01/14/03	1430-0425 (13h 55m)	911-1 (900) 912-0 910-0
01/20/03	1505-1750 (2h 45m)	911-0 912-4 910-0
01/20/03	1900-2150 (2h 50m)	911-0 912-3 910-0
01/21/03	2006-0015 (4h 9m)	911-2 912-2 910-0
01/22/03	1945-2245 (3h)	911-1 912-4 910-0
01/28/03	1935-2050 (1h 15m)	911-1 912-2 910-0

DEFINITIONS:

SFGH internal trauma activation:

The trauma override summary explains trauma patients in the emergency department as 911, 912, 910 and 999. A 911 is a critical trauma patient. A 912 is a potentially critical trauma patient. A 910 is a critical pediatric patient. Finally, a 999 is a multiple casualty incident involving 3 or more critical trauma patient.

EMSS Definitions:

Total Diversion:

When a receiving hospital Emergency Department determines, through pre-established criteria, that the Emergency Department is unable to provide care to additional ambulance patients AND communicates this change in status to the SFFD Comm Center.

Trauma Override:

When SFGH continues Total diversion during a period of Total diversion suspension. During Trauma Override, SFGH shall continue the diversion of medical patients, {or all non-trauma

and other Special care patients if on total diversion} while continuing to accept patients meeting trauma center destination and specialty care criteria.

The following three conditions must be met:

1. The critical care bed capacity at SFGH is two or less beds.
2. All SFGH internal diversion strategies have been exhausted
3. There is at least one trauma patient in the process of evaluation/ treatment in the SFGH trauma care system.

Diversion Report Prepared by:

Sharon Kennedy R.N.
Base Hospital Coordinator
Erthemese Elias
Base Hospital Assistant

San Francisco General Hospital
Emergency Department
Diversion 2003
Total Diversion Summary

In January, the Emergency Department recorded **54** episodes of Total Diversion for **233** hours, a percentage of **31.3%** for the month.

Date	Length	Summary of Event
01/01/03	0000-0026 (26m)	33 patients in the ED Admits: 3-4B; 3-Floor ED waiting room: 7 urgent patients
01/01/03	0156-0615 (4h 19m)	37 patients in the ED Admits: 2-4B; 2-Floor ED waiting room: 15 urgent patients
01/01/03	0736-1142 (4h 6m)	35 patients in the ED Admits: 1-ICU; 3-4B; 3-Floor ED waiting room: 1 urgent patient
01/01/03	1408-1700 (2h 52m)	36 patients in the ED Admits: 1-ICU; 5-4B; 7-Floor ED waiting room: 6 urgent patients
01/01/03	1800-2216 (4h 16m)	37 patients in the ED Admits: 2-4B; 8-Floor ED waiting room: 5 urgent patients
01/02/03	0955-1400 (4h 5m)	30 patients in the ED Admits: 1-ICU; 1-4B; 7-Floor ED waiting room: 5 urgent patients
01/02/03	1810-2343 (5h 33m)	37 patients in the ED Admits: 3-4B; 5-Floor ED waiting room: 19 urgent patients
01/03/03	2250-0050 (2h)	38 patients in the ED Admits: 2-4B; 5-Floor ED waiting room: 6 urgent patients
01/05/03	0109-0500 (3h 51m)	39 patients in the ED Admits: 2-4B; 4-Floor ED waiting room: 8 urgent patients
01/05/03	2050-2200 (1h 10m)	34 patients in the ED Admits: 2-ICU; 1-4B; 2-Floor ED waiting room: 6 urgent patients
01/06/03	1132-1308 (1h 36m)	33 patients in the ED Admits: 1-ICU; 3-4B; 3-Floor ED waiting room: 8 urgent patients
01/06/03	1607-0205 (9h 58m)	37 patients in the ED Admits: 2-4B; 3-Floor ED waiting room: 19 urgent patients
01/07/03	1020-1105 (45m)	31 patients in the ED Admits: 1-ICU; 7-4B; 1-Floor ED waiting room: 3 urgent patients
01/07/03	1155-1305 (1h 10m)	34 patients in the ED Admits: 2-ICU; 4-4B; 3-Floor ED waiting room: 8 urgent patients
01/07/03	1405-1840 (4h 35m)	35 patients in the ED Admits: 3-4B; 5-Floor ED waiting room: 8 urgent patients
01/08/03	1307-1938 (6h 31m)	34 patients in the ED Admits: 1-4B; 7-Floor ED waiting room: 12 urgent patients
01/09/03	1505-1515	32 patients in the ED

	(10m)	Admits: 3-4B; 2-Floor ED waiting room: 12 urgent patients
01/09/03	1840-2340 (5h)	36 patients in the ED Admits: 1-ICU; 2-4B; 5-Floor ED waiting room: 10 urgent patients
01/10/03	1035-2030 (9h 55m)	32 patients in the ED Admits: 1-4B; 9-Floor ED waiting room: 3 urgent patients
01/11/03	0200-0300 (1h)	25 patients in the ED Admits: 3-4B; 7-Floor ED waiting room: 7 urgent patients
01/11/03	1330-1650 (3h 20m)	35 patients in the ED Admits: 2-ICU ED waiting room: 4 urgent patients
01/11/03	1910-2240 (3h 30m)	39 patients in the ED Admits: 1-4B; 5-Floor ED waiting room: 4 urgent patients
01/12/03	0445-0645 (2h)	34 patients in the ED Admits: 1-ICU; 2-4B; 3-Floor ED waiting room: 6 urgent patients
01/12/03	1335-1455 (1h 20m)	29 patients in the ED Admits: 1-ICU; 1-4B; 3-Floor ED waiting room: 3 urgent patients
01/12/03	1625-1915 (2h 50m)	36 patients in the ED Admits: 1-ICU; 1-4B; 2-Floor ED waiting room: 5 urgent patients
01/12/03	2145-0015 (2h 30m)	35 patients in the ED Admits: 1-ICU; 3-4B; 4-Floor ED waiting room: 2 urgent patients
01/13/03	1440-1629 (1h 49m)	36 patients in the ED Admits: 1-ICU; 2-4B; 3-Floor ED waiting room: 7 urgent patients
01/13/03	2110-0125 (4h 15m)	36 patients in the ED Admits: 11-Floor ED waiting room: 6 urgent patients
01/14/03	1125-0425 (17h)	39 patients in the ED Admits: 10-Floor ED waiting room: 5 urgent patients
01/15/03	1400-2245 (8h 45m)	36 patients in the ED Admits: 9-Floor ED waiting room: 7 urgent patients
01/15/03	0617-0808 (1h 51m)	29 patients in the ED Admits: 4-4B; 13-Floor ED waiting room: 4 urgent patients
01/16/03	1250-1400 (1h 30m)	38 patients in the ED Admits: 3-4B ED waiting room: 10 urgent patients
01/16/03	2215-2247 (32m)	33 patients in the ED Admits: 1-ICU; 2-4B; 8-Floor ED waiting room: 9 urgent patients
01/17/03	0159-0500 (3h 1m)	33 patients in the ED Admits: 2-4B; 6-Floor ED waiting room: 25 urgent patients
01/17/03	1640-1715 (35m)	48 patients in the ED Admits: 1-ICU; 7-Floor ED waiting room: 3 urgent patients
01/17/03	1935-2348 (4h 13m)	37 patients in the ED Admits: 1-4B; 4-Floor ED waiting room: 6 urgent patients
01/18/03	0300-0815 (5h 15m)	34 patients in the ED Admits: 7-Floor ED waiting room: 12 urgent patients
01/18/03	1745-2100 (3h 15m)	37 patients in the ED Admits: 1-4B; 4-Floor ED waiting room: 8 urgent patients

01/20/03	1223-2130 (9h 1m)	34 patients in the ED Admits: 3-4B; 3-Floor ED waiting room: 8 urgent patients
01/21/03	1500-0030 (9h 30m)	39 patients in the ED Admits: 1-ICU; 1-4B; 6-Floor ED waiting room: 6 urgent patients
01/22/03	1330-1640 (3h 10m)	36 patients in the ED Admits: 2-4B; 3-Floor ED waiting room: 7 urgent patients
01/22/03	1820-2245 (4h 25m)	37 patients in the ED Admits: 1-4B; 8-Floor ED waiting room: 6 urgent patients
01/23/03	1255-0430 (15h 35m)	37 patients in the ED Admits: 4-4B; 9-Floor ED waiting room: 12 urgent patients
01/24/03	1645-2045 (4h)	38 patients in the ED Admits: 3-4B; 6-Floor ED waiting room: 10 urgent patients
01/25/03	0000-0430 (4h 30m)	35 patients in the ED Admits: 2-4B; 6-Floor ED waiting room: 15 urgent patients
01/25/03	0735-0940 (2h 5m)	33 patients in the ED Admits: 1-ICU; 3-4B; 5-Floor ED waiting room: 4 urgent patients
01/25/03	1650-1940 (2h 50m)	39 patients in the ED Admits: 3-4B; 6-Floor ED waiting room: 7 urgent patients
01/25/03	2040-0330 (6h 50m)	37 patients in the ED Admits: 2-4B; 4-Floor ED waiting room: 7 urgent patients
01/26/03	2105-0405 (7h)	37 patients in the ED Admits: 4-4B; 5-Floor ED waiting room: 6 urgent patients
01/27/03	1906-2123 (2h 17m)	40 patients in the ED Admits: 4-4B; 10-Floor ED waiting room: 10 urgent patients
01/28/03	1340-2145 (8h 5m)	41 patients in the ED Admits: 2-4B; 4-Floor ED waiting room: 12 urgent patients
01/29/03	1640-2200 (3h 20m)	34 patients in the ED Admits: 1-ICU; 1-4B; 7-Floor ED waiting room: 9 urgent patients
01/30/03	1600-0010 (8h 10m)	36 patients in the ED Admits: 1-ICU ED waiting room: 10 urgent patients
01/31/03	0205-0305 (1h)	34 patients in the ED Admits: 4-4B; 5-Floor ED waiting room: 6 urgent patients

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
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(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

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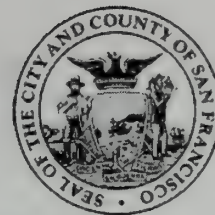
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HEALTH COMMISSION

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AGENDA

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APR 16 2004

JOINT CONFERENCE COMMITTEE FOR

SAN FRANCISCO
PUBLIC LIBRARY

SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, March 11, 2003
3:45 p.m. - 5:30 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

Commissioner Harrison Parker, Sr. DDS, Chair
Commissioner Lee Ann Monfredini

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF FEBRUARY 11, 2003**
**Minutes of February 11, 2003*
- 3) **FOR DISCUSSION:** **HOSPITAL HEALTHCARE UPDATE**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, San Francisco
General Hospital Medical Center)
**Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE REPORT**
(Sue Currin, RN, Chief Nursing Officer)
**Report*

- 5) **PROPOSED ACTION:** **APPROVAL OF AMENDMENTS TO THE MEDICAL STAFF BYLAWS**
(J. Renee Navarro, Pharm.D., M.D., Chief of Staff, SFGHMC)
**Bylaws*

- 6) **PUBLIC COMMENT****

- 7) **CLOSED SESSION**

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session
- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 11, 2003**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
J. Renee Navarro, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
J. Renee Navarro, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE, QUALITY ASSURANCE**
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management

- D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)(2) and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

- 8) **ADJOURNMENT**

* Explanatory documents are available at the Joint Conference Committee, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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/03

MINUTES

**JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING**

**Tuesday, March 11, 2003
3:45 p.m. - 5:30 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110**

DOCUMENTS DEPT.

MAY 6 2003

**SAN FRANCISCO
PUBLIC LIBRARY**

1) CALL TO ORDER

The meeting was called to order by Commissioner Parker at 3:45 p.m.

Present: Commissioner Harrison Parker, Sr. DDS, Chair
Commissioner Lee Ann Monfredini

Staff: Anne Chang, Sue Currin, Myra Garcia, Valerie Inouye, Sharon
Kotabe, Beth Maloney, Alison Moed, Kathy Murphy, Renee Navarro,
M.D., Gene O'Connell, Roland Pickens, Cathryn Thurow and Hiro
Tokubo.

2) APPROVAL OF MINUTES OF FEBRUARY 11, 2003

Action Taken: The Committee approved the minutes of the February 11, 2003 San
Francisco General Hospital Joint Conference Committee meeting.

3) HOSPITAL HEALTHCARE UPDATE

Gene O'Connell, Executive Administrator, San Francisco General Hospital Medical Center,
presented the Hospital Healthcare Update.

PROGRAM UPDATES

New CHN Outpatient Prescription Benefit Model Postponed

The implementation date for a new outpatient prescription benefit model for CHN indigent patients (i.e., each CHN primary care clinic contracted to a single pharmacy) has been changed from April 1, 2003 to July 1, 2003. Implementation of the new model is being delayed to allow completion of work to establish information systems, registration and eligibility, and pharmacy infrastructures necessary to support the new model. Extra time will also allow full development of realistic policies and procedures for the new model consistent with Federal 340B regulations, and conclusion of contract negotiations with three (3) pharmacy vendors and a third party administrator. With postponement of implementation, the current pharmacy benefits management (PBM) contract with PCN, which expires March 31, 2003, will require renewal. A request to renew the current PCN contract for a period of three months has been submitted for the March 18, 2003 Health Commission meeting. Because the new model can only be used for patients of CHN primary care clinics, request for a 27-month renewal of the contract for MedImpact, the PBM for Community Mental Health Services, will also be presented on March 18.

Supervisor Newsom's Inquiry Regarding Trauma Center Air Medical Access

Supervisor Gavin Newsom forwarded to SFGHMC several questions regarding the status of the feasibility study of Trauma Center Air Medical Access. Staff will complete responses to the following questions by Friday, March 14.

1. What are the trends in Level I Trauma utilization in the past decade in the City and County of San Francisco, as well as neighboring counties?
2. What are the projected levels of Level I Trauma use over the next decade given what we know about trauma service utilization in San Francisco and comparable urban areas?
3. What does the medical and health services literature say about cost effectiveness of helicopter services in other urban American cities?
4. How would the adoption of a Trauma Center Air Medical Access program impact SFGH's Emergency Department in light of its current challenges in delivering emergency medical services, and, more specifically, the fact that SFGH goes on diversion 40% of the time to other patients, including many San Francisco residents?
5. What is the proposed timeline to operationalize a Trauma Center Air Medical Access program?
6. What efforts have been made to update the community members residing near San Francisco General Hospital on the feasibility of launching a Trauma Center Air Medical Access Program?
7. Is San Francisco General Hospital coordinating its long range planning efforts in conjunction with its response to Senate Bill 1953, the Hospital Seismic Safety Act, and other regulatory requirements?

Follow-Up Meeting with the District Manager of CalOSHA

Gene O'Connell, SFGHMC Executive Administrator, along with Hiro Tokubo, Director of Quality Management, and David Kutys, Risk Management Nurse, met with Cora Gherga, District Manager, and Chris Kirkham, Industrial Hygienist at CalOSHA to have a follow-up conversation around the efforts that SFGHMC has made towards ensuring staff safety, particularly around psychiatric patient assaults. Ms. O'Connell assured Ms. Gherga that the hospital was aware of the public and the Board of Supervisors' interest in addressing psychiatric patient assaults and that SFGHMC was taking the issue very seriously. CalOSHA was impressed with SFGHMC's Management Response

Team and its decision to look at assaults as sentinel events with accompanying reviews, and thought that other hospitals could benefit from this system. Ms. O'Connell also informed CalOSHA of the proposed re-licensure of the Mental Health Rehabilitation Facility and engaged them in discussion around the delineation of responsibilities between the Department of Health and the license holder for complying with CalOSHA standards. Ms. Gherga discussed the potential for citations in a current investigation resulting from a complaint from a MHRF physician. She indicated that these would not be considered repeat citations that would carry heavier financial penalties. She also emphasized the need for a system to be in place where all appropriate paperwork documenting incidents can be correctly processed and employees can receive confidential medical care for their injuries. SFGHMC's Quality Management will be following up on this issue.

EVENTS

Gene O'Connell and Hiro Tokubo will be meeting today with Liliya Tushinski, new District Administrator for State Licensing at the Department of Health Services. Ms. O'Connell will be discussing the proposed re-licensing of the MHRF into a residential care facility and the transfer of the UCSF Renal Dialysis Center license to SFGHMC.

Gene O'Connell and Barbara Garcia, Director of Population Health Programs, will be presenting at the 2003 Leadership Roundtable Serving Our Diverse Communities and NAPH Executive Committee Meeting on March 27-28 in Hilton Head, S.C. The presentation will highlight the Department's efforts to address the City's ethnically and socio-economically diverse patient population.

STAFF NEWS

Chris Wachsmuth, Associate Administrator for Emergency and Clinical Support, is currently on medical leave and is scheduled to return to work on June 2. In her absence, Sue Currin, Chief Nursing Officer, is providing administrative coverage for Emergency and Trauma services, the Traumatic Brain Injury Program, and EMS liaison responsibilities. John Kanaley, Associate Administrator for Support Services, is providing administrative coverage for Patient Referral, Interpreter Services, Rehabilitation Services, and liaison to the Poison Center.

Commissioners' Comments

- Commissioner Parker asked that the commissioners receive copies of the information provided to Supervisor Newsom.

4) PATIENT CARE REPORT

Sue Currin, RN, Chief Nursing Officer, presented the Patient Care Report (Attachment A).

Commissioners' Comments

- Commissioner Monfredini asked if, when San Francisco General Hospital is on extended diversion, other hospitals are as well. She is interested in learning if the other hospitals experienced the same influx of patients as SFGH did during the last two weeks in February.
- Commissioner Parker asked if the hospital is making any significant improvements in the diversion levels. Ms. O'Connell said that major improvements could be achieved only if there

was significant remodeling to enable the hospital to accommodate increased volume. At this time there are no plans to do this. SFGH tries to manage diversion very tightly. They have taken many steps, including hiring registry staff, the discharge lounge, discharging as soon as possible, etc. However, as soon as they begin to get a handle on the problem, something happens, such as the Mt. Zion emergency room closing.

5) **APPROVAL OF AMENDMENTS TO THE MEDICAL STAFF BYLAWS**

Dr. Navarro, Chief of Staff, SFGHMC, presented the proposed amendments to the Medical Staff Bylaws, a summary of which is attached (Attachment B).

Action Taken: The Committee approved the amendments to the Medical Staff Bylaws.

6) **PUBLIC COMMENT**

None.

7) **CLOSED SESSION**

A) **Public Comments on All Matters Pertaining to the Closed Session**

None.

B) **Vote on Whether to Hold a Closed Session**

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:28 p.m. Present in closed session were Commissioner Parker, Commissioner Monfredini, Gene O'Connell, Renee Navarro, M.D., Myra Garcia, Beth Maloney, Anne Chang, Sharon Kotabe, Sue Curran, Alison Moed, Kathy Murphy, Hiro Tokubo, Roland Pickens and Michele Olson.

C) **Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1**

APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 11, 2003

Action Taken: The Committee approved the February 11, 2003 closed session minutes.

MEDICAL STAFF REPORT

J. Renee Navarro, M.D., Chief of Staff

CONSIDERATION OF CREDENTIALING MATTERS

J. Renee Navarro, M.D., Chief of Staff

Action Taken: The Committee approved the March Credentials Report.

CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE, QUALITY ASSURANCE

Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management

D) Reconvene in Open Session

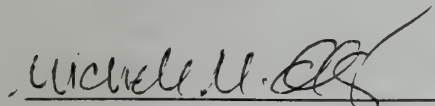
The committee reconvened in open session at 5:10 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Committee voted not to disclose any discussions held in closed session.

9) ADJOURNMENT

The meeting was adjourned at 5:11 p.m.



Michele M. Olson
Executive Secretary to the Health Commission

Attachments (2)

PATIENT CARE SERVICES REPORT

Submitted to the JCC, 3/11/03
Sue Currin, RN, MS, Chief Nursing Officer
San Francisco General Hospital

1. RECRUITMENT & RETENTION

DAISY AWARD FOR EXTRAORDINARY NURSES

Nursing Services will be participating in the DAISY Award for Extraordinary Nurses. The Award is sponsored by the DAISY Foundation. The Foundation was started by parents who were impressed with the devotion of the nurses who cared for their son prior to his death from idiopathic thrombocytopenic purpura (ITP). Through the awards and accompanying national and local publicity, the Foundation hopes to raise awareness of the importance of nursing in our society at a time when the profession is experiencing a serious shortage.

The Program:

One day each month, a nurse will be selected to receive a special personal gift paid for and arranged for by the Foundation. The SFGH Recruitment and Retention Committee will set up the selection criteria and review nominations. At the award presentation, the nurse receives a nice daisy plant and a framed personalized certificate, proclaiming him/her an "Extraordinary Nurse." The selected nurse gets dinner at a great restaurant in the area and a relaxing, therapeutic massage at a local spa.

In addition, on the day of the award presentation each month, as a treat to all the nurses in the unit/clinic, the DAISY Foundation provides Cinnabon cinnamon buns for the unit. Cinnabon, Inc. is a corporate sponsor of the Foundation.

Nurses' Week is a time we step back and recognize the super-human work that nurses do every day in hospitals and other facilities. We hope to make the first presentation of the DAISY Award during Nurses' Week at SFGH.

2. NURSING LEADERSHIP COUNCIL (NLC)

In response to the many questions we are receiving from the MHRF staff, the following article will be included in the next Nursing Notes newsletter:

The Department of Health is facing new challenges with the budget this year. The financial picture at the state level left the City with the difficult task of determining which critical services will be cut in order to balance the budget. The decisions being made are not about the importance of one program or service over another -- it is about the current City finances and budget constraints.

The Nursing Leadership Council (NLC) has discussed the proposed DPH layoffs and impact on the work environment. Sharon McCole-Wicher and I are the designated

San Francisco General Hospital

DIVERSION REPORT

FEBRUARY 2003

Executive Summary

The Emergency Department [ED] recorded 38 episodes of diversion for 239.5 hours representing a rate of 35.6% in February 2003. This is a 4.3% increase in diversion since January 2003.

The 38 episodes of diversion are categorized as follows:

Diversion Type	# Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	38	239.5	35.6	4.3%
Trauma Override	9	35	5.2	0.9%

The ED was impacted by capacity and high patient acuity during the episodes of Total Diversion and Trauma Override. During this time, 353 patients were pending admission to inpatient beds [ICU-19, 4B/StepDown-121, MedSurg-213]. In February 2002, the ED was on Total Diversion 45.2% of the month. Trauma Override was invoked 9.9% of the month in February 2002.

Total Diversion was recorded for 38 episodes, a total of 239.5 hours or a 35.6% rate for February 2003, and a 4.3% increase in Total Diversion since January 2003. While on Total Diversion the ED held 353 patients in February 2003. While on Total Diversion in February 2002, the ED held 196 patients awaiting inpatient beds.

Trauma Override was recorded for 9 episodes, a total of 35 hours or a 5.2% rate for February 2003. This is a 0.9% decrease in Trauma Override since January 2003. While on Trauma Override the ED held 99 patients in February 2003. While on Trauma Override in February 2002, the ED held 82 patients awaiting inpatient beds.

Trauma Override Summary

The Emergency Department recorded 9 episodes of Trauma Override for 35 hours, a percentage of 5.2% for the month of February.

Date	Length	Summary of Event
02/08/03	1515-1850 (3h 35m)	911-1 912-3 910-0
02/11/03	1710-1925 (2h 15m)	911-2 912-0 910-1
02/13/03	1258-1423 (1h 25m)	911-1 912-0 910-0

Trauma Override:

When SFGH continues Total diversion during a period of Total diversion suspension. During Trauma Override, SFGH shall continue the diversion of medical patients, {or all non-trauma and other Special care patients if on total diversion} while continuing to accept patients meeting trauma center destination and specialty care criteria.

The following three conditions must be met:

1. The critical care bed capacity at SFGH is two or less beds.
2. All SFGH internal diversion strategies have been exhausted
3. There is at least one trauma patient in the process of evaluation/ treatment in the SFGH trauma care system.

*Prepared by: Sharon Kennedy R.N.
Base Hospital Coordinator
Erthemese Elias
Base Hospital Assistant*

02/11/03	1515-0146 (10h 31m)	39 patients in the ED Admits: 4-4B; 6-Floor ED waiting room: 15 urgent patients
02/12/03	1210-1350 (1h 40m)	38 patients in the ED Admits: 3-ICU; 3-4B; 2-Floor ED waiting room: 10 urgent patients
02/13/03	1030-1420 (3h 50m)	33 patients in the ED Admits: 1-ICU; 4-4B; 6-Floor ED waiting room: 6 urgent patients
02/13/03	2020-0400 (7h 40m)	37 patients in the ED Admits: 2-4B; 9-Floor ED waiting room: 20 urgent patients
02/14/03	1700-0106 (8h 6m)	39 patients in the ED Admits: 3-4B; 10-Floor ED waiting room: 10 urgent patients
02/15/03	1635-0330 (10h 55m)	37 patients in the ED Admits: 2-ICU; 4-4B; 6-Floor ED waiting room: 10 urgent patients
02/16/03	1440-1920 (4h 40m)	37 patients in the ED Admits: 3-4B; 7-Floor ED waiting room: 2 urgent patients
02/17/03	1227-1540 (3h 13m)	37 patients in the ED Admits: 3-4B; 2-Floor ED waiting room: 9 urgent patients
02/17/03	1617-0240 (10h 23m)	37 patients in the ED Admits: 1-ICU; 3-4B; 4-Floor ED waiting room: 12 urgent patients
02/18/03	1235-0509 (16h 34m)	36 patients in the ED Admits: 4-4B; 8-Floor ED waiting room: 16 urgent patients
02/19/03	0803-0130 (17h 27m)	36 patients in the ED Admits: 1-ICU; 2-4B; 15-Floor ED waiting room: 6 urgent patients
02/20/03	0700-1030 (3h 30m)	34 patients in the ED Admits: 6-4B; 6-Floor ED waiting room: 8 urgent patients
02/20/03	1620-2030 (4h 10m)	38 patients in the ED Admits: 1-ICU; 3-4B ED waiting room: 3 urgent patients
02/24/03	1245-0303 (14h 18m)	35 patients in the ED Admits: 3-4B; 5-Floor ED waiting room: 10 urgent patients
02/21/03	1430-2127 (6h 57m)	36 patients in the ED Admits: 4-4B; 1-Floor ED waiting room: 7 urgent patients
02/22/03	0332-0636 (3h 4m)	32 patients in the ED Admits: 6-4B ED waiting room: 5 urgent patients
02/22/03	1115-1440 (3h 25m)	35 patients in the ED Admits: 4-4B; 1-Floor ED waiting room: 5 urgent patients
02/25/03	1500-0500 (14h)	32 patients in the ED Admits: 3-4B; 14-Floor ED waiting room: 12 urgent patients
02/26/03	1045-1230 (1h 45m)	31 patients in the ED Admits: 3-4B; 17-Floor ED waiting room: 6 urgent patients
02/27/03	1449-1630 (1h 41m)	38 patients in the ED Admits: 8-Floor ED waiting room: 9 urgent patients
02/27/03	1840-2250 (4h 10m)	38 patients in the ED Admits: 2-4B; 5-Floor ED waiting room: 12 urgent patients

2003 SFGH Medical Staff Bylaws Changes

Topic (page, section, paragraph)	Change	Reason
New 2003 Medical Staff Bylaws	Merging of the previously separate <ul style="list-style-type: none"> • Credentialing Procedure manual, • Committee manual, and • Corrective Action and Hearing manual 	To maintain consistency with the "current industry standard" and the format preferred by the California Medical Association.
Board certification and Initial appointment to the medical staff (page 8, section 2.2-1 B)	Replaced "California Board of Dental Examiners" with "Dental Board of California"	To be consistent with the correct title of this dental licensing agency in California.
Board certification and Initial appointment to the medical staff (page 9, section 2.2-3A, 1 st paragraph)	Replaced "...Medical Board of California..." with "...Medical or Dental Board of California..."	To acknowledge the Dental Board of California in licensing of dental practitioners.
Board certification and Initial appointment to the medical staff (page 9, section 2.2-3 A, 2 nd paragraph)	We have added a paragraph stating that board certification (or "evidence of progression towards") is required for all medical staff members six years after the initial granting of medical staff membership. (Please note the following section – page 9, section 2.2-3 B – regarding "Waivers" to this requirement).	The previous SFGH Medical Staff Bylaws did not stipulate a time period for successfully attaining board certification.
Re-certification and re-appointment to the Medical Staff (page 20, section 4.3-4, first paragraph)	We have added the phrase "evidence of progression towards board certification or re-certification (if applicable)".	Six years was chosen to synchronize with renewal of medical staff privileges every two years.
Elimination of 'Leave of Absence' (page 13, formerly section 2.8 – 2 nd "bubble")		This phrase was added to maintain consistency with the previous section (Board certification and initial appointment) as well as to acknowledge the mandated recertification requirement for certain medical specialties (e.g., Internal Medicine).
Elimination of the "referring staff" category (page 14, 2 nd "bubble")		Our reasoning was that re-credentialing should occur every two years on schedule, regardless of what the faculty person is doing or where s/he is. (This is analogous to renewing one's medical license every two years, regardless of what that practitioner is doing.)
		The "Referring Physician" category was established in 1994 with the advent of managed

		<p>care. A requirement of most health plans was that the primary care providers have a relationship with an acute care hospital that receives their referrals. As SFGH entered into the managed care arena, we created a special category for primary care physicians who joined our managed care network and refer, but do not treat, patients at SFGH. Subsequent discussions with the health plans that contract with SFGH revealed that they would like SFGH to verify the credentials of the primary care providers with whom we do business, but do not require that we offer these providers medical staff membership if they do not treat patient at SFGH. We have thus chosen to eliminate this category given the disproportionately large amount of administrative time needed to process a medical staff application for the minimal (if any) benefit to SFGH. The affected providers will receive a written letter explaining their loss of "referral physician" membership, but that this loss is not "for cause". They are still eligible to apply for courtesy medical staff membership.</p>
	<p>Three categories have been created:</p> <ul style="list-style-type: none"> a. Temporary privileges (pages 29-31, section 5.2) b. Visiting privileges (pp. 31-32, section 5.3) c. Emergency privileges (p. 32-33, section 5.4) 	<p>The previous Bylaws tried to encompass all possible contingencies into the single category of "temporary" privileges. As a result, the category created a lot of confusion. These three new categories cover all the necessary situations, yet provide clear guidelines to whom and for which situations each category applies. The Emergency Privileges was a new recommendation from the Institute of Medical Quality to have in place in the event of a disaster. These services are critical to the overall medical</p>
The "temporary privileges" section (pages 29-33, section 5.2-5.4) has been substantially modified and expanded.		
Medical Executive Committee	Three new members have been added:	

membership (p. 77, section 10.3-1, page 79)	<ul style="list-style-type: none"> • Director of Quality Management • Medical Director of Trauma Services • Medical Director of Perioperative Services 	operations of SFGH, and the input of these Directors is vital to many issues discussed at Medical Executive Committee.
Elimination of the Integrated Therapies Subcommittee (p. 87, 3 rd bubble)		The committee has not been meeting.
Critical Care Subcommittee (page 88, Section 10.10-4)	Created a new subcommittee, the Donor Council Subcommittee, and delineated its duties and meetings.	This committee is a multidisciplinary medical staff committee already in existence.

2003 SFGH Rules & Regulations Manual

Topic (page,section)	Change	Reason
Documentation for surgical procedures (page 4, section 1.H)	Reworded	Language clarification
Order during surgery (page 5, section 1.J)	Reworded	Language clarification
Research (page 6, section 1.N)	Reworded	Language clarification
Access to records (page 17, 4 th "bubble")	Deleted	Concerns regarding compliance of previous section with the newly mandated Health Insurance Privacy and Portability Act (HIPAA), effective 04/15/03.
Orders written by medical students (page 17, section 11.M)	Reworded	Language clarification

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HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)



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Director of Health

Michele M. Olson
Executive Secretary

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CANCELLATION NOTICE

JOINT CONFERENCE COMMITTEE **FOR THE** **SAN FRANCISCO GENERAL HOSPITAL** **COMMITTEE MEETING**

The Joint Conference Committee for the San Francisco General Hospital meeting scheduled for Tuesday, April 8, 2003 has been cancelled.

The next regularly scheduled meeting will be on Tuesday, May 13, 2003 at 3:45 p.m. at San Francisco General Hospital, 1001 Potrero Avenue, Room #2A6, in San Francisco.

An agenda will follow.

For information call the Commission Office at 554-2666.

DOCUMENTS DEPT.

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(Posted March 14, 2003)

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Vice President

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Commissioner

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Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

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Executive Secretary

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AGENDA

**JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING**

Tuesday, May 13, 2003
3:45 p.m. - 5:30 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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Commissioner Harrison Parker, Sr. DDS, Chair
Commissioner Lee Ann Monfredini

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF MARCH 11, 2003**
**Minutes of March 11, 2003*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Sue Currin, RN, Chief Nursing Officer,
SFGHMC, for Gene O'Connell, Executive Administrator)
**Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE REPORT**
(Sue Currin, RN, Chief Nursing Officer, SFGHMC)
**Report*

5) **FOR DISCUSSION:** **THIRD QUARTER FINANCIAL REPORT**

(Valerie Inouye, CHN Chief Financial Officer)

**Report*

6) **FOR DISCUSSION:** **SFGH REBUILD UPDATE**

(Anthony G. Wagner, Chief Executive Officer of Hospital Systems)

**Update*

7) **PUBLIC COMMENT****

8) **CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session

C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF MARCH 11, 2003**

FOR DISCUSSION **MEDICAL STAFF REPORT**
AND POSSIBLE J. Renee Navarro, M.D., Chief of Staff
ACTION:

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
J. Renee Navarro, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE, QUALITY ASSURANCE**
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

9) **ADJOURNMENT**

* Explanatory documents are available at the Joint Conference Committee, 101 Grove Street, Room #311.

- ** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:

www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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MINUTES

**JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING**

**Tuesday, May 13, 2003
3:45 p.m. – 5:30 p.m.
1001 Potrero Ave., Conference Room #2A6
San Francisco, CA 94110**

DOCUMENTS DEPT.

1) CALL TO ORDER

The meeting was called to order by Commissioner Parker at 3:45 p.m.

Present: Commissioner Harrison Parker, Sr., DDS, Chair
Commissioner Lee Ann Monfredini

Staff: Rod Auyang, Anne Chang, Sue Currin, Maya Garcia, Valerie Inouye,
John Kanaley, John Luce, M.D., Alison Moed, Kathy Murphy (City
Attorney's Office), Renee Navarro, M.D., Valerie Ng, Roland Pickens,
Hiro Tokubo, Carlos Villalva, Anthony Wagner

Visitors: Jessica Grones, Jack Parker, George R. Tinswald, M.D., and Al Williams

2) APPROVAL OF THE MINUTES OF MARCH 11, 2003

Action Taken: The Committee approved the minutes of the March 11, 2003 San
Francisco General Hospital Joint Conference Committee meeting.

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3) HOSPITAL ADMINISTRATOR'S REPORT

Sue Currin, R.N., Chief Nursing Officer, San Francisco General Hospital Medical Center, presented the Hospital Administrator's Report in Gene O'Connell's absence.

PROGRAM UPDATES

Mental Health Rehabilitation Facility (MHRF) Restored

As of May 9, SEIU miscellaneous (Local 250, 535, and 790) reached a tentative mediated agreement pending ratification by members. Voting by members will most likely occur within the next two weeks. The union tentatively agreed to employees paying for their own 7.5% contribution towards retirement starting June 15 and creating a 'work preservation fund' for the purpose of ensuring that: 1) the MHRF will remain a locked psychiatric facility run by city workers, 2) Laguna Honda's laundry will be run by city workers wherever it is located, and 3) Jail Health Services will not be cut. Gene O'Connell informed staff at the MHRF regarding the decision to remain open. Mozettia Henley, former Program Director, and John Butts, former UM/Medical Records Director, will remain in their current assignments at Laguna Honda Hospital.

Layoff Notices Sent to SFGHMC Employees

As a result of the proposed FY 2003-04 DPH budget cuts, the Department sent approximately 277 layoff notices on or before May 2 to employees, meeting the required 60 day notice prior to the official layoff date of July 1. Of the 277, approximately 178 layoff notices were sent to SFGHMC employees. Among those included were mental health workers and team leaders at the Mental Health Rehabilitation Facility whose job classes would be deleted by the proposed MHRF re-licensure, as well as nurses that would be displaced by the proposed reduction of Jail Health services. There is the potential for employees in citywide job classes (e.g., clerical, IT) from other departments to displace Department of Public Health employees in those job classes. Human Resources anticipates receiving information on other departments' lay offs in mid-May.

TRANSITION OF PROGRAMS PROPOSED FOR ELIMINATION OR REDUCTION IN FY 2003-04

Office of Managed Care:

Gene O'Connell, along with Valerie Inouye, CHN Chief Financial Officer, and Cathryn Thurow, Director of the UCSF Dean's Office, have been meeting on a regular basis with Jean Fraser, Director of the San Francisco Health Plan, to discuss the transition of administrative functions from the Office to the Health Plan. There will be a training set up for providers to go over new contact information and the new roles and responsibilities of the Health Plan.

Patient Referral:

John Kanaley, Associate Administrator for Support Services, and Gloria Garcia-Orme, Director of Patient Relations, have set up a committee representing the Emergency Department and primary care clinics to devise new ways of triaging and assessing patients that walk or call in without the assistance of the Patient Referral Unit. Clinics anticipate needing to certify their own staff to provide medical screening exams for all walk-in patients, as required by the Emergency Medical Treatment and Active Labor Act (EMTALA). The committee anticipates that the Emergency Department and the Adult Medical Center would receive the most walk-in patients.

Interpreter Services:

SFGHMC anticipates that with a reduction of staff by 6.0 FTE as proposed, languages covered by professional staff interpreters could be maintained with the exception of Tagalog, which represented about 0.9% of all requests for interpretation in 2002. However, the number of staff available per shift and the duration of shift would be reduced on weekdays and weekends, which could result in a greater reliance on on-call interpreters and telephonic interpretation.

EVENTS

The Board of Supervisors held a special budget committee session on May 5 to discuss the Health Department budget cuts and the closure of the MHRF. Anne Kronenberg, Director of Policy and Planning, presented a summary of budget cuts proposed currently. Bob Cabaj, Director of Behavioral Health, testified on the reasons for re-licensing the MHRF into an Adult Residential Facility. A Bienson Hearing on health services reductions for the full board of supervisors is scheduled for June 10.

Dr. Svetlana Sinelnik, Chief of Emergency Medical Services and Disaster Medicine for the Ministry of Health of the Ukraine, toured SFGHMC's Trauma Center accompanied by Mike Petrie, Administrator for the City's EMS Agency, and Dan Smiley, Assistant Director for the State's EMS Authority. Susan Ilnicki, Nursing Coordinator in Nursing Operations, and Jay Kloo, QI Coordinator for Emergency Services, provided a tour of the ED, the ICU, and a trauma exam room. Nathan Lemkhin from Interpreter Services provided Russian interpretation for Dr. Sinelnik. This was part of a humanitarian program between the EMSA and the Ukraine to improve the country's emergency response systems.

STAFF NEWS

Gene O'Connell was named by the San Francisco Business Times as one of the top 100 Influential Women in Bay Area Business. Those honored held leadership positions in corporations and other large organizations and were cited by their peers as being the most influential in the region's business community.

Lori Gremel has been selected as the new Executive Director for the San Francisco General Hospital Foundation. Her previous experience includes working as a senior advisor to the San Francisco Office of the Environmental Protection Agency and serving as Vice President and Chief of Staff for Community Investment Services at Charles Schwab.

4) PATIENT CARE REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Report, (Attachment A).

Commissioners' Comments

- Commissioner Monfredini commented on the decline of the ED diversion rate, and asked for an update on SARS cases. Ms. Currin responded that there is one suspected case of SARS.
- Commissioner Parker commented that the report is a morale booster.

5) FINANCIAL REPORT

Valerie Inouye, CHN Chief Financial Officer, presented the DPH Financial Statement for FY 2002-03 through March 31, 2003, (Attachment B). She specifically noted that SFGH is showing a surplus of \$8.4 million, and the Department overall is showing a surplus of \$13.6 million. The Department is expected to make its target of a \$12.7 million surplus.

Commissioners' Comments

- Commissioner Monfredini noted that the supplemental will drop \$4.5 million to \$5.0 million, and asked whether this will come to the Health Commission. Ms. Inouye responded probably not, and it will probably be part of the Director's Report.
- Commissioner Monfredini asked when the Work Order will be executed. Ms. Inouye responded that it was requested immediately.

Ms. Inouye also presented the SFGH Management Audit, noting that as requested by the Board of Supervisors, the Budget Analyst has completed and issued its report of the management audit of SFGH. She distributed the 34-page letter that summarized the findings and recommendations, the complete audit report and a response from DPH. As noted in the DPH response, the Executive Summaries do not accurately summarize the detailed reports that follow each summary.

At the time of the audit, the hospital was already focused on making improvements to many of the items discussed in the report and had brought to this Budget Analyst's attention. She summarized by noting that DPH is in substantial agreement with the recommendations of the audit, and is committed to continuous improvement.

Commissioners' Comments

- Commissioner Monfredini thanked the SFGH staff for its professionalism through this process, noting that the Health Commission was aware of most of the items raised by the Budget Analyst prior to the audit.

6) SFGH REBUILD UPDATE

Anthony Wagner, Chief Executive Officer of Hospital Systems presented the update on the SFGH Rebuild. He began by noting that the update is considerable from the last presentation. A community presentation was held in the Bayview on May 6, and a reporter from *The Independent* who attended that meeting mischaracterized his comments on rebuilding at Mission Bay. He sent a letter to *The Independent* subsequent its published article setting the record straight.

Al Williams presented on the community outreach related to the rebuild including the goals, strategies, approach, and presentations. He noted that 228 attendees had participated in 12 meetings, the majority being from the Mission (94110), Potrero Hill (94107), and the Bayview/Hunters Point (94124). Specific questions raised by the community at presentations include:

- Will the rebuild take funds from existing services?
- Would UCSF be as hospitable as SFGH?
- Concern about the lack of coordination between hospitals.

- Concern about the distance to Mission Bay.
- Concern about the presence of contaminated landfill and burial mounds at Mission Bay.
- Concern about the medical helipad if the rebuild is at Potrero Avenue

General conclusions from the community presentations are that most people are favorably disposed/not opposed to the rebuild, low attendance at some presentations suggests that the rebuild is not a top priority, and there is little distinction made between acute care and clinic services.

Conclusions from stakeholders are that consumers prefer the Potrero site, citywide groups would like to see more coordination with UCSF and other hospitals, and that some East Mission/Potrero Hill neighbors oppose the Potrero site because of the helipad.

Carlos Villalva presented the six possible scenarios for the rebuild, noting that this had been pared down from 41. All six of these scenarios met efficiency criteria, which the remainder of the 41 did not. The six scenarios consist of combinations of the rebuilding of six categories (acute care, trauma/ED, behavioral health, outpatient services, research and education, and a mothers' and children's hospital) at two possible sites (Potrero Avenue and Mission Bay). He noted that these scenarios will be presented to the full Health Commission in June, possibly to be pared further, with full concepts to be presented later in the year. All of this is being done on a timeline to make a City bond proposition for the November 2004 ballot.

Commissioners' Comments

- Commissioner Monfredini noted that people don't understand the relationship between UCSF and SFGH, and that relationship needs to be explained. Mr. Wagner added that people further do not understand the relationship between the acute facilities and the clinics.
- Commissioner Monfredini addressed the issue of coordination between the hospitals, noting that it is happening within the constraints of anti-trust.
- Commissioner Monfredini questioned the contamination issue at Mission Bay. Mr. Wagner responded that there is fill in the area, but per the EIR there is a low probability of the presence of burial grounds. Mr. Wagner added that the Department should take seriously the opportunity to do something about the traffic helicopters around the Potrero site, which could ease neighbors' concerns about a possible helipad at Potrero.
- Commissioner Monfredini noted that there are misconceptions about what happens to the Potrero site if the rebuild occurs at Mission Bay. There is a need to educate the public about the role of clinics on the Potrero Campus if the acute site is moved to Mission Bay.
- Commissioner Parker noted the need to educate the public about the role of SFGH, duplication of services, and the relationship with UCSF before the bond issue is brought to the public.
- Commissioner Parker asked whether the Department has any definite plans related to Mission Bay. Mr. Wagner responded that the Department does not know yet. It is one of a number of possibilities, and they will look to the Health Commission for guidance.
- Commissioner Monfredini asked whether anyone is going back to Senator Speier to extend the statewide rebuild deadline to 2030. Mr. Wagner responded that there is talk of this as many localities have noted that they can't afford to rebuild at this time. He did not believe this would be pursued by the legislature until the State budget is settled. He added that the Department

cannot plan in this regard, but must be prepared to pursue the 2003 bond initiative.

- Commissioner Monfredini questioned the wisdom of pursuing a mothers' and children's hospital given the declining birth rate in San Francisco and given Sutter's plans to turn its California Campus into a mothers' and children's hospital. Mr. Wagner noted that it is hard to give something up. Dr. Luce noted that much of this discussion is coming from UCSF, which isn't willing to give up obstetrics and pediatrics. Commissioner Monfredini noted that she needs to focus on what's best for the health of the whole, not just SFGH.
- Commissioner Monfredini noted that she would like to see the six scenarios pared down further, indicating that she does not have a lot of patience to explore full concepts for all six.
- Commissioner Parker asked which buildings would be built by both SFGH and UCSF regardless of what the other does? Mr. Wagner responded that this would be included in the full concepts explored in October.

7) **PUBLIC COMMENT**

None.

8) **CLOSED SESSION**

A) **Public Comment on All Matters Pertaining to the Closed Session**

None.

B) **Vote on Whether to Hold a Closed Session**

Action Taken: The Committee voted to hold a closed session

The Committee went into closed session at 5:25 p.m. Present in closed session were Commissioner Parker, Commissioner Monfredini, Anne Chang, Sue Currin, Maya Garcia, John Luce, M.D., Alison Moed, Kathy Murphy, Renee Navarro, M.D., Valerie Ng, Roland Pickens, Jim Soos and Hiro Tokubo

C) **Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section I**

APPROVAL OF CLOSED SESSION MINUTES OF MARCH 11, 2003

Action Taken: The Committee approved the March 11, 2003 closed session minutes.

MEDICAL STAFF REPORT

J. Renee Navarro, M.D., Chief of Staff

CONSIDERATION OF CREDENTIALING MATTERS

J. Renee Navarro, M.D., Chief of Staff

Action Taken: The Committee approved the Credentials Report

CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE, QUALITY ASSURANCE

John Luce, M.D., Medical Director, SFGH-QM
Hiroshi Tokubo, CHN Quality Director, QM
Alison Moed, Director of Risk Management

D) **Reconvene in Open Session**

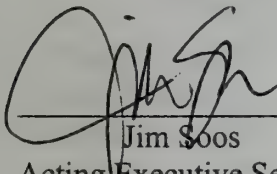
The committee reconvened in open session at 5:50 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).
2. Vote to Elect Whether to Disclose Any of All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2)).

Action Taken: The Committee voted not to disclose any discussion held in closed session.

9) **ADJOURNMENT**

The meeting was adjourned at 5:51 p.m.



Jim Soos
Acting Executive Secretary
to the Health Commission

Attachments (2)

PATIENT CARE SERVICES REPORT

Submitted to the JCC, 5/7/03
Sue Currin, RN, MS, Chief Nursing Officer
San Francisco General Hospital

1. NURSES WEEK CELEBRATION

Nursing staff were honored at a reception on May 7 in the hospital cafeteria. Celebration highlights included: a presentation by Dr. Kathleen Dracup, Dean UCSF School of Nursing, on "Nurses Make a Difference," the presentation of the first DAISY award, and the announcement of the initial scholarship offered through the Dorothy Washington Scholarship to be awarded in Fall 2003.

The DAISY Foundation honors an acute care nurse each month for extraordinary service. Suzette de Jesus was selected by the Nursing Retention & Recruitment Committee and Nursing Executive Committee as the first recipient of the DAISY Award at SFGH. Ms. De Jesus is a psychiatric nurse who works on Unit 6B as the day shift charge nurse. She has been at SFGH since 1990 and is described by her Manager as "the glue that holds the unit together." Her ongoing commitment to her patients, her unit's clinical program and her colleagues is truly remarkable.

The Dorothy Washington Scholarship is named in honor of the former night shift Nursing Supervisor who was a mentor to many staff and an advocate for ongoing nursing education. In the Fall of this year, a \$2500 scholarship will be awarded to a SFGH nursing employee who is working toward a BSN or MSN. Scholarship application deadline is July 1.

O'Connell Society Award: On Friday, May 9, the O'Connell Society Award will be presented by the Nursing Leadership Council to the DPH nurse whose contributions have strengthened the profession of nursing and the health of the residents of the City. This award was developed in recognition of Gene O'Connell for her outstanding nursing leadership in the development of the Nursing Leadership Council. The first recipient of the award will be SFGH Birth Center Nurse, Mary McGee. Two additional DPH nurses were given honorable mentions: Francesca Cunningham of the SFGH Nursery and CMH nurse, Michelle Friedman.

2. LAYOFF NOTICES

Total Number of layoff notices sent DPH-wide: 276

SFGH layoff notices sent: 177

2320 RN	51
2312 LVN	4

2322 NM	2
2326 Nursing Supervisor	1
2350 Nursing Instructor	1
Other classifications	118

The current nursing vacancy rate is approximately 10%. We are working with the MHRF Nursing Director, Alex Anagnos, to facilitate the voluntary reassignment of staff no longer required at the facility due to the decrease in census. Orientation programs have been individualized for staff.

3. JOB FAIR:

A Job Fair was held at SFGH MHRF Gymnasium on Wednesday, April 16, from 8:00 a.m. to 12 noon. It was targeted for MHRF, Ozanam, Patient Referral, and Health at Home nursing staff interested in reassignment possibilities. In addition to the MHRF staff, many JMS staff who had heard about the event also attended.

Approximately 16 Nurse Managers from SFGH and three Nurse Managers from LHH were present to answer questions from RN, LVN, CNA, and Unit Clerk staff interested in current vacancies and opportunities including upcoming training program opportunities. Tables were set up in the gymnasium representing the Psychiatry, Acute Med-Surg, Critical Care, Emergency, Birth Center, Primary Care Clinics and Surgical Specialty Clinics, LHH, and Health at Home.

Approximately 62 DPH attended: 24 from MHRF, 24 from JMS, 5 from Ozanam, 3 from Patient Referral, 2 from Health at Home, and 4 whose worksite was not identified.

4. TRAINING PROGRAMS

The following Nursing Specialties at SFGH have job flyers posted for Training Programs scheduled to start Summer 2003: Perioperative (Operating Room), Critical Care, Critical Care Step Down, Emergency Department and Med-Surg.

San Francisco General Hospital

DIVERSION REPORT

MARCH 2003

Executive Summary

The Emergency Department [ED] recorded **44** episodes of diversion for **222.7** hours representing a rate of **30%** in **March 2003**. This is a **5.6%** decrease in diversion since **February 2003**.

The **43** episodes of diversion are categorized as follows:

Diversion Type	# Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	44	222.7	30	5.6%
Trauma Override	16	52.6	7.1	1.9%

The ED was impacted by capacity and high patient acuity during the episodes of Total Diversion and Trauma Override. During this time, **335** patients were pending admission to inpatient beds [ICU-24, 4B/StepDown-91, MedSurg-220]. **In March 2002, the ED was on Total Diversion 29.8% of the month. Trauma Override was invoked 1.9% of the month in March 2002.**

Total Diversion was recorded for **44** episodes, a total of **222.7** hours or a **30%** rate for **March 2003**, and a **5.6%** decrease in Total Diversion since **February 2003**. While on Total Diversion the ED held **335** patients in **March 2003**. While on Total Diversion in **March 2002**, the ED held **213** patients awaiting inpatient beds.

Trauma Override was recorded for **16** episodes, a total of **52.6** hours or a **7.1%** rate for **March 2003**. This is a **1.9%** increase in Trauma Override since **February 2003**. While on Trauma Override the ED held **153.5** patients in **March 2003**. While on Trauma Override in **March 2002**, the ED held **29** patients awaiting inpatient beds.

Trauma Override Summary

The Emergency Department recorded **16** episodes of Trauma Override for **52.6** hours, a percentage of **7.1%** for the month of March.

Date	Length	Summary of Event
03/03/03	1850-2150 (4h)	911-2 912-2 910-0
03/05/03	1935-2035 (1h)	911-2 912-1

		910-0
03/06/03	1535-1910 (3h 35m)	911-0 912-1 910-1
03/07/03	1417-1645 (2h 28m)	911-1 912-0 910-1
03/10/03	1726-2005 (2h 39m)	911-1 912-0 910-0
03/12/03	2200-0315 (5h 15m)	911-11 912-1 910-0
03/13/03	2310-0230 (3h 20m)	911-1 912-2 910-0
03/15/03	2310-0124 (2h 14m)	911-2 912-2 910-0
03/17/03	1956-2345 (3h 49m)	911-1 912-0 910-0
03/19/03	1533-2005 (4h 32m)	911-1 912-0 910-0
03/20/03	1725-1740 (15m)	911-0 912-0 910-0 <i>[Internal Disaster – Zone 4 Quarantined]</i>
03/20/03	1930-0030 (5h)	911-1 912-2 910-0
03/21/03	2045-2230 (1h 45m)	911-0 912-2 910-1
03/24/03	1630-0130 (9h)	911-1 912-9 910-0
03/29/03	0001-0130 (1h 29m)	911-0 912-2 910-1
03/29/03	02300-0445 (2h 15m)	911/900-1 912-6 910-0

DEFINITIONS

SFGH internal trauma activation:

The trauma override summary explains trauma patients in the emergency department as 911, 912, 910 and 999. A 911 is a critical trauma patient. A 912 is a potentially critical trauma patient. A 910 is a critical pediatric patient. Finally, a 999 is a multiple casualty incident involving 3 or more critical trauma patient.

EMSS Definitions:

Total Diversion:

When a receiving hospital Emergency Department determines, through pre-established criteria, that the Emergency Department is unable to provide care to additional ambulance patients AND communicates this change in status to the SFFD Communication center.

Trauma Override:

When SFGH continues Total diversion during a period of Total diversion suspension. During Trauma Override, SFGH shall continue the diversion of medical patients, {or all non-trauma and other Special care patients if on total diversion} while continuing to accept patients meeting trauma center destination and specialty care criteria.

The following three conditions must be met:

1. The critical care bed capacity at SFGH is two or less beds.
2. All SFGH internal diversion strategies have been exhausted
3. There is at least one trauma patient in the process of evaluation/ treatment in the SFGH trauma care system.

*Prepared by: Sharon Kennedy R.N.
Base Hospital Coordinator
Erthemese Elias
Base Hospital Assistant*

San Francisco General Hospital
Emergency Department
March 2003
Total Diversion Summary

In March, the Emergency Department recorded **44** episodes of Total Diversion
for **222.7** hours, a percentage of **30%** for the month.

Date	Length	Summary of Event
03/01/03	0230-0407 (1h 37m)	37 patients in the ED Admits: 1-ICU; 2-4B; 2-Floor ED waiting room: 1 urgent patient
03/01/03	2110-2334 (2h 24m)	38 patients in the ED Admits: 1-ICU ED waiting room: 6 urgent patients
03/02/03	0300-0400 (1h)	35 patients in the ED Admits: 1-4B; 2-Floor ED waiting room: 3 urgent patients
03/03/03	1445-2150 (7h 5m)	37 patients in the ED Admits: 3-4B; 1-Floor ED waiting room: 20 urgent patients
03/04/03	1600-2307 (7h 7m)	32 patients in the ED Admits: 2-ICU; 1-4B ED waiting room: 9 urgent patients
03/05/03	1025-1220 (1h 55m)	30 patients in the ED Admits: 1-ICU; 4-4B; 1-Floor ED waiting room: 1 urgent patient
03/05/03	1820-2035 (2h 15m)	33 patients in the ED Admits: 6-4B; 2-Floor ED waiting room: 9 urgent patients
03/06/03	1400-1910 (5h 10m)	35 patients in the ED Admits: 2-4B; 5-Floor ED waiting room: 15 urgent patients
03/06/03	2130-0449 (7h 19m)	35 patients in the ED Admits: 1-ICU; 3-4B; 8-Floor ED waiting room: 18 urgent patients
03/07/03	1115-1945 (8h 30m)	39 patients in the ED Admits: 4-4B; 5-Floor ED waiting room: 6 urgent patients
03/08/03	1010-1330 (2h 20m)	34 patients in the ED Admits: 1-4B; 4-Floor ED waiting room: 6 urgent patients
03/08/03	2127-0122 (3h 55m)	37 patients in the ED Admits: 2-4B; 3-Floor ED waiting room: 5 urgent patients
03/09/03	1718-2328 (6h 10m)	39 patients in the ED Admits: 2-4B; 7-Floor ED waiting room: 8 urgent patients
03/10/03	1245-0320 (14h 35m)	37 patients in the ED Admits: 1-ICU; 2-4B ED waiting room: 11 urgent patients
03/11/03	1425-1935 (5h 10m)	42 patients in the ED Admits: 2-4B; 6-Floor ED waiting room: 8 urgent patients
03/11/03	2230-0230 (4h)	29 patients in the ED Admits: 2-4B; 11-Floor ED waiting room: 8 urgent patients
03/12/03	1200-1540	41 patients in the ED Admits: 2-ICU; 1-4B; 16-Floor

	(3h 40m)	ED waiting room: 20 urgent patients
03/12/03	1635-2020 (5h 45m)	39 patients in the ED Admits: 4-4B; 10-Floor ED waiting room: 10 urgent patients
03/12/03	2145-0315 (5h 30m)	38 patients in the ED Admits: 1-ICU; 3-4B; 10-Floor ED waiting room: 11 urgent patients
03/13/03	1335-0230 (12h 55m)	40 patients in the ED Admits: 3-4B; 13-Floor ED waiting room: 8 urgent patients
03/15/03	1223-1450 (2h 27m)	35 patients in the ED Admits: 1-Floor ED waiting room: 3 urgent patients
03/15/03	1750-0124 (7h 34m)	40 patients in the ED Admits: 6-Floor ED waiting room: 5 urgent patients
03/16/03	0840-0925 (45m)	32 patients in the ED Admits: 5-Floor ED waiting room: 10 urgent patients
03/16/03	1725-1845 (1h 20m)	39 patients in the ED Admits: 1-4B; 7-Floor ED waiting room: 10 urgent patients
03/16/03	2140-0140 (4h)	32 patients in the ED Admits: 2-4B; 7-Floor ED waiting room: 9 urgent patients
03/17/03	0310-0505 (1h 55m)	34 patients in the ED Admits: 2-ICU; 7-Floor ED waiting room: 2 urgent patients
03/17/03	1530-2345 (8h 15m)	39 patients in the ED Admits: 1-4B; 4-Floor ED waiting room: 17 urgent patients
03/19/03	1225-2005 (7h 40m)	39 patients in the ED Admits: 1-ICU; 7-Floor ED waiting room: 10 urgent patients
03/20/03	1530-0030 (9h)	32 patients in the ED Admits: 1-4B; 1-Floor ED waiting room: 15 urgent patients
03/21/03	1210-1630 (4h 20m)	37 patients in the ED Admits: 1-4B; 4-Floor ED waiting room: 4 urgent patients
03/21/03	1900-2300 (4h)	45 patients in the ED Admits: 1-ICU; 3-4B; 7-Floor ED waiting room: 8 urgent patients
03/22/03	2308-0305 (3h 57m)	32 patients in the ED Admits: 3-Floor ED waiting room: 4 urgent patients
03/23/03	2148-2258 (1h 10m)	33 patients in the ED Admits: 1-ICU; 3-4B; 3-Floor ED waiting room : 2 urgent patients
03/24/03	1215-0130 (13h 15m)	32 patients in the ED Admits: 3-ICU; 2-4B; 4-Floor ED waiting room: 8 urgent patients
03/25/03	1020-1720 (7h)	32 patients in the ED Admits: 3-4B; 5-Floor ED waiting room: 6 urgent patients
03/25/03	2105-0355 (6h 50m)	36 patients in the ED Admits: 3-ICU; 3-4B; 7-Floor ED waiting room: 10 urgent patients
03/27/03	1820-2130 (3h 10m)	33 patients in the ED Admits: 4-4B; 8-Floor ED waiting room: 8 urgent patients
03/27/03	2345-0130 (1h 45m)	36 patients in the ED Admits: 1-ICU; 2-4B; 7-Floor ED waiting room: 9 urgent patients

03/28/03	1850-2220 (3h 30m)	40 patients in the ED Admits: 1-ICU; 6-4B; 2-Floor ED waiting room: 2 urgent patients
03/29/03	0001-0600 (5h 59m)	35 patients in the ED Admits: 3-4B; 8-Floor ED waiting room: 9 urgent patients
03/29/03	1730-2010 (2h 40m)	37 patients in the ED Admits: 3-4B; 4-Floor ED waiting room: 3 urgent patients
03/29/03	2130-0355 (6h 25m)	39 patients in the ED Admits: 2-4B; 3-Floor ED waiting room: 8 urgent patients
03/30/03	0850-0020 (3h 30m)	37 patients in the ED Admits: 3-4B; 4-Floor ED waiting room: 9 urgent patients
03/31/03	1410-1800 (3h 50m)	36 patients in the ED Admits: 1-ICU ED waiting room: 19 urgent patients

San Francisco General Hospital
DIVERSION REPORT
APRIL 2003

Executive Summary

The Emergency Department [ED] recorded **41** episodes of diversion for **191.9** hours representing a rate of **26.7%** in **April 2003**. This is a **3.3%** decrease in diversion since **March 2003**.

The **41** episodes of diversion are categorized as follows:

Diversion Type	# Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	41	191.9	26.7	3.3%
Trauma Override	7	33.7	4.7%	2.4%

The ED was impacted by capacity and high patient acuity during the episodes of Total Diversion and Trauma Override. During this time, **269** patients were pending admission to inpatient beds [ICU-25, 4B/StepDown-105, MedSurg-139]. **In April 2002, the ED was on Total Diversion 40% of the month. Trauma Override was invoked 1.8% of the month in April 2002.**

Total Diversion was recorded for **41** episodes, a total of **191.9** hours or a **26.7%** rate for **April 2003**, and a **3.3%** decrease in Total Diversion since **March 2003**. While on Total Diversion the ED held **269** patients in **April 2003**. While on Total Diversion in **April 2002**, the ED held **254** patients awaiting inpatient beds.

Trauma Override was recorded for **7** episodes, a total of **33.7** hours or a **4.7%** rate for **April 2003**. This is a **2.4%** decrease in Trauma Override since **March 2003**. While on Trauma Override the ED held **57** patients in **April 2003**. While on Trauma Override in **April 2002**, the ED held **39** patients awaiting inpatient beds.

Trauma Override Summary

The Emergency Department recorded **7** episodes of Trauma Override for **33.7** hours, a percentage of **4.7%** for the month of April.

Date	Length	Summary of Event
04/08/03	1927-2135 (2h 8m)	911-3 912-2 910-1
04/08/03	2320-0400 (4h 40m)	911-1 912-1 910-1
04/09/03	1940-2100 (1h 20m)	911-1 912-2 910-1
04/10/03	2220-0220 (4h)	911-3 912-2 910-0
04/21/03	2045-0030 (3h 45m)	911-0 912-4 910-0
04/28/03	0807-2315 (15h 8m)	911-2 912-3 910-1
04/30/03	1950-2230 (2h 40m)	911-2 912-4 910-1

DEFINITIONS:

SFGH internal trauma activation:

The trauma override summary explains trauma patients in the emergency department as 911, 912, 910 and 999. A 911 is a critical trauma patient. A 912 is a potentially critical trauma patient. A 910 is a critical pediatric patient. Finally, a 999 is a multiple casualty incident involving 3 or more critical trauma patient.

EMSS Definitions:

Total Diversion:

When a receiving hospital Emergency Department determines, through pre-established criteria, that the Emergency Department is unable to provide care to additional

ambulance patients AND communicates this change in status to the SFFD Communication center.

Trauma Override:

When SFGH continues Total diversion during a period of Total diversion suspension. During Trauma Override, SFGH shall continue the diversion of medical patients, {or all non-trauma and other Special care patients if on total diversion} while continuing to accept patients meeting trauma center destination and specialty care criteria.

The following three conditions must be met:

1. The critical care bed capacity at SFGH is two or less beds.
2. All SFGH internal diversion strategies have been exhausted
3. There is at least one trauma patient in the process of evaluation/ treatment in the SFGH trauma care system.

*Prepared by: Sharon Kennedy R.N.
Base Hospital Coordinator
Erthemese Elias
Base Hospital Assistant*

San Francisco General Hospital
Emergency Department
April 2003
Total Diversion Summary

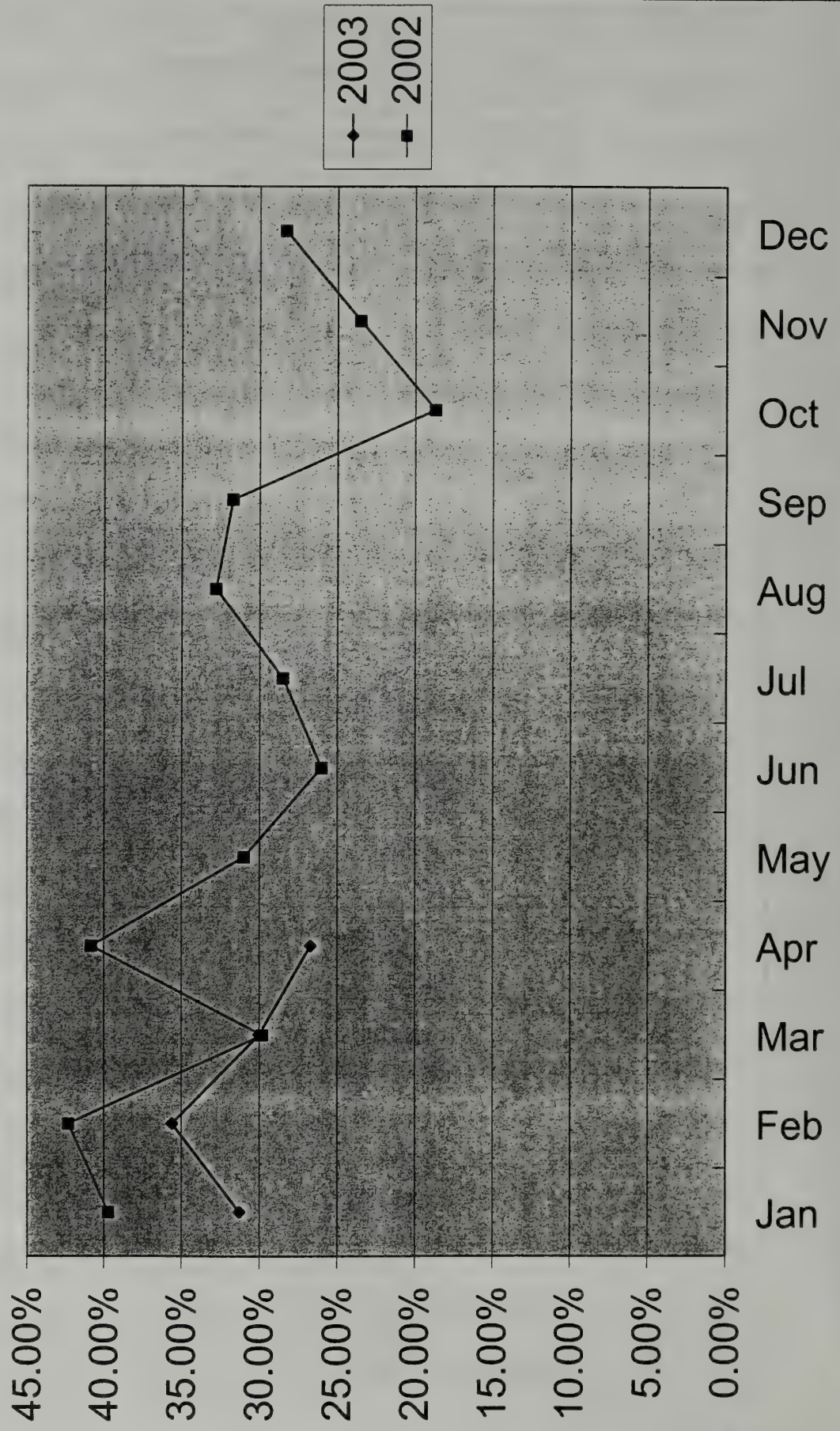
In April, the Emergency Department recorded **41** episodes of Total Diversion for **191.9** hours, a percentage of **26.7%** for the month.

Date	Length	Summary of Event
04/03/03	1645-2225 (5h 40m)	40 patients in the ED Admits: 2-ICU; 2-4B ED waiting room: 5 urgent patients
04/03/03	1450-0030 (9h 40m)	48 patients in the ED Admits: 5-4B; 1-Floor ED waiting room: 15 urgent patients
04/04/03	0304-0540 (1h 36m)	34 patients in the ED Admits: 3-4B; 1-Floor ED waiting room: 6 urgent patients
04/04/03	1555-0136 (9h 41m)	35 patients in the ED Admits: 3-4B; 5-Floor ED waiting room: 7 urgent patients
04/06/03	0704-0830 (1h 26m)	34 patients in the ED Admits: 1-ICU; 1-Floor ED waiting room: 2 urgent patients
04/06/03	1514-2055 (5h 41m)	41 patients in the ED Admits: 2-4B ED waiting room: 6 urgent patients
04/06/03	2200-2240 (40m)	36 patients in the ED Admits: 1-ICU; 2-4B; 4-Floor ED waiting room: 3 urgent patients
04/07/03	1150-2345 (11h 55m)	33 patients in the ED Admits: 1-ICU; 4-4B; 1-Floor ED waiting room: 10 urgent patients
04/08/03	2320-0400 (4h 40m)	34 patients in the ED Admits: 1-4B; 10-Floor ED waiting room: 6 urgent patients
04/08/03	1500-2210 (7h 10m)	37 patients in the ED Admits: 2-4B; 5-Floor ED waiting room: 15 urgent patients
04/09/03	1355-1700 (3h 5m)	37 patients in the ED Admits: 1-ICU; 4-4B; 3-Floor ED waiting room: 9 urgent patients
04/09/03	1930-2230 (3h)	35 patients in the ED Admits: 1-ICU; 2-4B; 8-Floor ED waiting room: 5 urgent patients
04/10/03	1815-0220 (8h 5m)	36 patients in the ED Admits: 2-ICU; 1-4B; 1-Floor ED waiting room: 3 urgent patients
04/11/03	1652-0400 (11h 8m)	39 patients in the ED Admits: 1-ICU; 2-4B; 2-Floor ED waiting room: 4 urgent patients
04/12/03	1845-2030 (1h 45m)	35 patients in the ED Admits: 3-4B; 7-Floor ED waiting room: 6 urgent patients
04/13/03	1725-1925 (2h)	34 patients in the ED Admits: 3-ICU; 4-4B; 2-Floor ED waiting room: 3 urgent patients

04/12/03	2215-0415 (6h)	36 patients in the ED Admits: 1-ICU; 4-4B; 2-Floor ED waiting room: 3 urgent patients
04/14/03	0430-0630 (2h)	34 patients in the ED Admits: 1-ICU; 2-4B; 6-Floor ED waiting room: 6 urgent patients
04/14/03	1208-1556 (3h 48m)	31 patients in the ED Admits: 1-4B; 6-Floor ED waiting room: 8 urgent patients
04/14/03	1825-0224 (7h 59m)	35 patients in the ED Admits: 3-4B; 7-Floor ED waiting room: 15 urgent patients
04/16/03	0400-0530 (1h 30m)	38 patients in the ED Admits: 2-4B; 4-Floor ED waiting room: 2 urgent patients
04/16/03	1530-1640 (1h 10m)	20 patients in the ED Admits: 3-4B; 1-Floor ED waiting room: 0 urgent patients (<i>confirmed by Charge RN Merer</i>)
04/16/03	1942-2254 (3h 12m)	40 patients in the ED Admits: 1-ICU; 5-4B; 2-Floor ED waiting room: 10 urgent patients
04/17/03	1845-0215 (7h 30m)	33 patients in the ED Admits: 5-4B; 1-Floor ED waiting room: 10 urgent patients
04/18/03	0310-0615 (3h 5m)	35 patients in the ED Admits: 4-4B; 2-Floor ED waiting room: 10 urgent patients
04/18/03	1305-1635 (3h 30m)	36 patients in the ED Admits: 4-4B; 5-Floor ED waiting room: 10 urgent patients
04/18/03	2121-0414 (6h 53m)	40 patients in the ED Admits: 3-4B; 3-Floor ED waiting room: 16 urgent patients
04/19/03	1310-1545 (2h 35m)	36 patients in the ED Admits: 2-ICU; 3-4B; 3-Floor ED waiting room: 4 urgent patients
04/19/03	1815-1900 (45m)	38 patients in the ED Admits: 2-4B; 5-Floor ED waiting room: 4 urgent patients
04/20/03	0720-0930 (2h 10m)	32 patients in the ED Admits: 2-ICU; 1-4B; 6-Floor ED waiting room: 4 urgent patients
04/21/03	1336-1424 (48m)	33 patients in the ED Admits: 2-4B; 3-Floor ED waiting room: 10 urgent patients
04/21/03	1650-0030 (7h 10m)	37 patients in the ED Admits: 1-Floor ED waiting room: 11 urgent patients
04/23/03	0356-0510 (1h 14m)	29 patients in the ED Admits: 2-ICU; 2-4B; 4-Floor ED waiting room: 1 urgent patient
04/23/03	1745-0002 (6h 17m)	41 patients in the ED Admits: 1-4B; 3-Floor ED waiting room: 13 urgent patients
04/24/03	1529-2130 (6h 1m)	39 patients in the ED Admits: 1-4B; 2-Floor ED waiting room: 10 urgent patients
04/25/03	0150-0440 (2h 50m)	35 patients in the ED Admits: 2-4B; 4-Floor ED waiting room: 8 urgent patients
04/25/03	1420-1620 (2h)	42 patients in the ED Admits: 3-4B; 2-Floor ED waiting room: 10 urgent patients

04/25/03	1645-0245 (10h)	36 patients in the ED Admits: 5-4B; 4-Floor ED waiting room: 14 urgent patients
04/26/03	1520-1830 (3h 10m)	33 patients in the ED Admits: 1-4B; 4-Floor ED waiting room: 7 urgent patients
04/28/03	1253-2315 (10h 22m)	40 patients in the ED Admits: 1-ICU; 4-4B; 3-Floor ED waiting room: 13 urgent patients
04/30/03	1950-2230 (2h 40m)	39 patients in the ED Admits: 2-ICU; 2-4B; 5-Floor ED waiting room: 10 urgent patients

SFGH ED DIVERSION RATE 2002, 2003



DPH
March 31, 2003
Financial Statement
FY 02-03

Division	REVENUES			EXPENDITURES			TOTAL Surplus/ (Deficit)
	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	
Department of Public Health							
SFGH	\$ 493,682,000	\$ 515,168,000	\$ 21,486,000	\$ 493,682,000	\$ 506,790,000	\$ (13,108,000)	8,378,000
Laguna Honda	149,497,000	150,110,000	613,000	149,497,000	150,607,000	(1,110,000)	(497,000)
Primary Care	48,234,000	48,434,000	200,000	48,234,000	48,520,000	(286,000)	(86,000)
Health at Home	5,032,000	5,034,000	2,000	5,032,000	5,018,000	14,000	16,000
Jail Health	26,296,000	26,296,000	0	26,296,000	28,254,000	(1,958,000)	(1,958,000)
Public Health	93,490,000	94,000,000	510,000	93,490,000	91,870,000	1,620,000	2,130,000
Mental Health	178,426,000	178,247,000	(179,000)	178,426,000	172,868,000	5,558,000	5,379,000
Substance Abuse	65,304,000	65,304,000	0	65,304,000	65,054,000	250,000	250,000
TOTAL DPH	1,059,961,000	1,082,593,000	22,632,000	1,059,961,000	1,068,981,000	(9,020,000)	13,612,000

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carryforwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

San Francisco General Hospital

STATEMENT OF REVENUE AND EXPENSES - FYE 6/30/03

Month Ending: March 31, 2003

(In Thousands of Dollars)

Health Commission Report

YEAR-TO-DATE				
		Fav/(Unfav)		
Projection	Budget	Variance	% Var.	
NET PATIENT SERVICE REVENUE:				
23,998	33,224	(9,226)	-27.8%	Medi-Cal Revenue
35,998	31,839	4,159	13.1%	Medicare Revenue
51,925	42,072	9,853	23.4%	Other Patient Revenue
(19,116)	(20,355)	1,239	6.1%	Provision for Bad Debt
92,805	86,780	6,025	6.9%	TOTAL NET PATIENT SERVICE REVENUE
OTHER OPERATING REVENUE:				
0	0	0	n/a	Short Doyle (Community Health Service)
3,369	3,369	0	n/a	Short Doyle Medi-Cal
2,723	2,723	0	n/a	MAA/TCM
85,314	85,485	(171)	-0.2%	SB855
16,000	13,133	2,867	21.8%	SB1255
867	867	0	n/a	GME
9,250	7,861	1,389	17.7%	Capitation/Managed Care Settlement
0	0	0	n/a	State Alcohol
0	0	0	n/a	Proposition 36
40,742	40,742	0	n/a	State Realignment
2,190	2,202	(12)	-0.5%	Prop 99 AB75
0	0	0	n/a	Other State (CCS and State Mandated Cost)
1,928	2,033	(105)	-5.2%	Fees/Cafeteria/Misc. (includes lease income)
8,778	8,369	409	4.9%	Workorder Recovery
3,041	2,894	147	5.1%	Transfer In and Project-Related
9,104	8,273	831	10.0%	Carryforward
183,306	177,951	5,355	3.0%	TOTAL OTHER OPERATING REVENUE
276,111	264,731	11,380	4.3%	TOTAL OPERATING REVENUE
OPERATING EXPENSES:				
121,524	117,704	(3,820)	-3.2%	Personnel Services
31,546	30,528	(1,018)	-3.3%	Mandatory Fringe Benefits
74,779	71,303	(3,476)	-4.9%	Non-personal Services
27,135	26,117	(1,018)	-3.9%	Materials and Supplies
2,482	2,383	(99)	-4.2%	Facilities Maint. & Capital Outlay
11,404	10,565	(839)	-7.9%	Services of Other Departments (workorders)
65,483	65,483	0	n/a	Operating Transfer Out
1,724	1,724	0	n/a	Intrafund Transfer
2,404	2,218	(186)	-8.4%	Projects
338,481	328,025	(10,456)	-3.2%	TOTAL OPERATING EXPENSES
(62,370)	(63,294)	924	1.5%	OPERATING INCOME/(LOSS)
NON-OPERATING REVENUE:				
63,307	63,294	13	0.0%	General Fund
63,307	63,294	13	0.0%	TOTAL NON-OPERATING REVENUE
937	0	937	n/a	NET INCOME/(LOSS)

ANNUAL				
		Fav/(Unfav)		
Projection	Budget	Variance	% Var.	
NET PATIENT SERVICE REVENUE:				
40,946	49,567	(8,621)	-17.4%	
55,590	47,764	7,826	16.4%	
77,993	63,133	14,860	23.5%	
(28,674)	(30,574)	1,900	6.2%	
145,855	129,890	15,965	12.3%	
OTHER OPERATING REVENUE:				
0	0	0	n/a	
5,054	5,054	0	n/a	
4,085	4,085	0	n/a	
127,971	128,227	(256)	-0.2%	
24,000	19,700	4,300	21.8%	
1,300	1,300	0	n/a	
13,875	11,792	2,083	17.7%	
0	0	0	n/a	
0	0	0	n/a	
61,113	61,113	0	n/a	
2,680	3,286	(606)	-18.4%	
0	0	0	n/a	
2,891	2,891	0	n/a	
13,167	13,167	0	n/a	
4,561	4,561	0	n/a	
13,656	13,656	0	n/a	
274,353	268,832	5,521	2.1%	
420,208	398,722	21,486	5.4%	
OPERATING EXPENSES:				
181,332	175,746	(5,586)	-3.2%	
46,419	45,620	(799)	-1.8%	
113,213	108,413	(4,800)	-4.4%	
40,702	39,702	(1,000)	-2.5%	
3,602	3,722	120	3.2%	
17,105	16,062	(1,043)	-6.5%	
98,225	98,225	0	n/a	
2,586	2,586	0	n/a	
3,606	3,606	0	n/a	
506,790	493,682	(13,108)	-2.7%	
(86,582)	(94,960)	8,378	8.8%	
NON-OPERATING REVENUE:				
94,960	94,960	0	n/a	
94,960	94,960	0	n/a	
8,378	0	8,378	n/a	

San Francisco General Hospital year-end projections show a surplus of \$8.4M

Revenues are projected to be \$21.5M over budget due to:

- ◆ \$4.3M additional SB 1255 funding
- ◆ \$4.6M in one-time revenues related to the OP Medi-Cal Settlement and other third party settlement adjustments
- ◆ \$3.5M in new federal matching payments under AB915
- ◆ \$2.1M in additional Medi-Cal Capitation
- ◆ \$7.6M in other differences in expected payments from third parties and reduced bad debts
- ◆ (\$.6M) reduction in Prop 99 monies

Expenditures are projected to be over budget by \$13.1M due to:

- ◆ \$6.3M increased utilization of per diem nursing and overtime to backfill requisitions that were delayed in approval and processing. Additionally, the on-going nationwide nursing shortage has affected the Department's ability to recruit nurses for vacant positions
- ◆ \$2.2M in pharmacy services in excess of budget
- ◆ \$1.0M in workers compensation expenses
- ◆ \$1.0M in materials and supplies in excess of budget
- ◆ \$2.6M in Registry and other contracted services in excess of budget

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Commissioner

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Commissioner

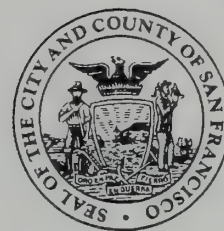
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Commissioner

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CITY AND COUNTY OF SAN FRANCISCO
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PUBLIC NOTICE

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MAY 29 2003

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JOINT CONFERENCE COMMITTEE FOR THE SAN FRANCISCO GENERAL HOSPITAL COMMITTEE MEETING

Please note that the Joint Conference Committee for the San Francisco General Hospital meeting has been rescheduled from June 10, as follows:

Wednesday, June 18, 2003
3:45 to 5:30 p.m.
San Francisco General Hospital
1001 Potrero Avenue, Conference Room 2-A6
San Francisco

An agenda will follow.

For information call the Commission Office at 554-2666.

Edward A. Chow, M.D.
President

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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health



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Director of Health

Michele M. Olson
Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, June 18, 2003
3:45 p.m. - 5:30 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

DOCUMENTS DEPT.

JUN 13 2003

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Commissioner Harrison Parker, Sr. DDS, Chair
Commissioner Lee Ann Monfredini

- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF MINUTES OF MAY 13, 2003
**Minutes of May 13, 2003*
- 3) FOR DISCUSSION: HOSPITAL ADMINISTRATOR'S REPORT
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*
- 4) FOR DISCUSSION: PATIENT CARE REPORT
(Sue Currin, RN, Chief Nursing Officer, SFGHMC)
**Report*

- 5) **FOR DISCUSSION:** **FINANCIAL REPORT**
(Valerie Inouye, CHN Chief Financial Officer)
**Report*

6) **PUBLIC COMMENT****

7) **CLOSED SESSION**

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session
- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION**
MINUTES OF MAY 13, 2003

FOR DISCUSSION **MEDICAL STAFF REPORT**
AND POSSIBLE J. Renee Navarro, M.D., Chief of Staff
ACTION:

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
J. Renee Navarro, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF MEDICAL AUDIT,**
QUALITY OF CARE, QUALITY ASSURANCE
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

9) **ADJOURNMENT**

* Explanatory documents are available at the Joint Conference Committee, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us**.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:

www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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MINUTES

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**JOINT CONFERENCE COMMITTEE
FOR**

SAN FRANCISCO
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SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, June 18, 2003

3:45 p.m. – 5:30 p.m.

1001 Potrero Ave., Conference Room #2A6
San Francisco, CA 94110

1) CALL TO ORDER

The meeting was called to order by Commissioner Parker at 3:51 p.m.

Present: Commissioner Harrison Parker, Sr., DDS, Chair
Commissioner Lee Ann Monfredini

Staff: Andy Brunner, Sue Carlisle, M.D., Anne Chang, Yuhum Digdigan,
Chris Eliot, Maya Garcia, Valerie Inouye, Sharon Kotabe, John Luce, M.D.,
Alison Moed, Kathy Murphy (City Attorney's Office), Renee Navarro, M.D.,
Valerie Ng, M.D., Gene O'Connell, Hiro Tokubo

Visitors: Zurab Koberidze (Public Health Intern from U.C. Berkeley)

2) APPROVAL OF THE MINUTES OF MAY 13, 2003

Action Taken: The Committee approved the minutes of the May 13, 2003 San Francisco General Hospital Joint Conference Committee meeting.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, CEO of San Francisco General Hospital Medical Center presented the Hospital Administrator's Report.

PROGRAM UPDATES

Visits by Department of Health Services and JCAHO

JCAHO site visit regarding verbal/telephone orders

On June 5, a JCAHO surveyor conducted an unannounced for-cause survey to review a complaint from an ICU nurse that SFGHMC was placing patients in 'immediate threat to life' as a result of the hospital's 'no verbal/telephone order' policy. The complainant alleged that on two instances, ICU registered nurses were disciplined for accepting verbal/telephone orders. The surveyor requested and was provided the following:

- A copy of SFGHMC's written progress report concerning the Type I recommendation involving verbal/telephone orders
- A copy of any policies addressing verbal/telephone orders. The surveyor noted a discrepancy in language between a hospital-wide policy that states 'no verbal/telephone orders' and a nursing policy that states that verbal/telephone orders are allowed in emergent cases. SFGHMC is in the process of reconciling these two policies.
- Any sentinel events that resulted from delay in a verbal order. Hiro Tokubo, Director of Quality Management, informed the surveyor that there have been no resulting sentinel events.
- The surveyor interviewed two ICU nurse managers who stressed that to their knowledge, no ICU registered nurse is being disciplined for accepting a verbal/telephone order. The ICU maintains physician coverage 24/7, and any allegations of excessive delay in patient care or placing patients in 'immediate threat to life' due to not using verbal/telephone orders were not accurate.
- The surveyor visited the ICUs, the telemetry unit, and one med/surg unit to conduct open records review and tour the units. There were no identified issues.

At the end of the visit, the JCAHO surveyor indicated that there will be no Type I recommendations issued, but possibly supplemental recommendations for reconciling the Nursing and Hospital-wide P&P and monitoring possible adverse events resulting from the elimination of verbal/telephone orders.

DHS re-certification visit for UCSF Renal Center

On June 9, two nurse reviewers from DHS-Berkeley/Contra Costa came unannounced to conduct a 4-day re-certification visit of the UCSF Renal Center. The purpose of this visit was to re-certify the UCSF Renal Center's provider number. However, SFGHMC had already submitted an application to DHS to transfer dialysis from UCSF to the hospital's license, and were awaiting a visit from DHS-Daly City. Despite informing the reviewers of this, they insisted that they needed to continue per instructions from CMS. Lawrence Marsco, JCAHO manager, and Hiro Tokubo, Director of QM, accompanied the reviewers. At the exit conference, the survey team conveyed that there were no violations of the Conditions of Participation, therefore, no follow-up visit was needed. However, there were potential deficiencies that could require written response. Mr. Tokubo will follow up with DHS-Daly City to see if they will accept the DHS-Berkeley/Contra Costa report. It is essential that this review be completed before July 1, 2003 for the purpose of billing and purchasing for dialysis.

DHS long term care re-certification visit

On June 16, DHS began its annual licensing and re-certification of SFGHMC's long-term care facilities. The Mental Health Rehabilitation Facility, 4A-SNF, and support services will be reviewed over the course of the week. The exit interview is projected to occur either June 18 or 19.

CHN's New Outpatient Prescription Benefit Model

Effective July 1, 2003, the outpatient prescription benefit program through the Community Health Network will change in order to participate in the Federal 340B discount drug-pricing program. To obtain prescriptions at no cost, patients must go to either the contracted pharmacy for their health center or the San Francisco General Hospital Outpatient Pharmacy. AG Pharmacy and Rite Aid have signed pharmacy service agreements with the City to participate in this program. Pharmaceutical Care Network (PCN), who provided pharmacy benefits management services to the Department in the past, will provide third party administrator services that include payment to community pharmacy partners of prescription processing fees agreed upon by DPH, AG Pharmacy, and Rite Aid. The pass-through nature of payment for services made separate contracts with AG Pharmacy and Rite Aid unnecessary, and the pharmacy services agreements satisfy Federal and California Board of Pharmacy requirements for the type of arrangement made with these pharmacies. On June 11, patient information flyers translated to Chinese, Spanish, and Russian were forwarded to clinic staff for immediate distribution to patients which list the pharmacies associated with each primary care clinic. A 'frequently asked questions' sheet was also developed to help staff and patients understand how the new program will operate. Participating in the Federal 340B program is estimated to save DPH over \$1 million.

Also effective July 1, outpatient prescription benefits for CHN patients above 300% FPL will be eliminated. For a single person, 300% FPL is \$2,244 per month (\$26,928 per year), and \$4,599 per month for a family of four (\$55,188 per year). A patient information flyer translated into Chinese and Spanish was mailed during the week of June 10 to approximately 1400 CHN patients who fall into this income range.

Status Report on Deliverex Contract for Medical Storage

The Budget Committee of the Health Commission approved its contract with Deliverex- San Francisco for the storage of SFGHMC medical records and requested a four-month progress report on its performance. There were five points that the contractor needed to show improvement on: 1) adherence to the contract's open shelving condition, 2) adherence to the contract's philosophy of meeting delivery schedules, 3) attention to the hospital's needs and standards related to adequate staffing, consistent communication between client and vendor, and appropriate training of staff, 4) loading of an OST database into DX Express to minimize bad orders, and 5) completion of adequate paperwork procedures and standards (e.g. driver's countersignatures, delivery time logs). To date, the contractor has performed acceptably on points 4 and 5 related to loading the SFGHMC database onto DX Express and completing consistent documentation (see attached report). SFHGMHC is actively monitoring the contractor's progress on points 1 through 3. A site visit of Deliverex was conducted on June 17 by Chris Elliot, Director of Health Information Systems. Issues may need to be raised with the parent company that recently acquired Deliverex to encourage compliance. An RFP is due to be released this fall to allow for bidding on this contract.

EVENTS

Gene O'Connell presented at the CAPH Safety Net Institute's forum on promoting cultural competence on May 30. San Francisco General Hospital was presented as a model system of care that has systematized cultural competency in its service delivery, governance, and management.

Ms. O'Connell presented how the Federal Culturally and Linguistically Appropriate Services Standards (CLAS) were incorporated into policies adopted by the Health Commission and included in SFGHMC's mission statement and included in all contract language. She also used the ISIS clinic as an example of a program developed with extensive community input that both addressed the medical needs of IV drug users as well as decompressed the emergency department.

Valerie Inouye, CHN CFO, and Gregg Sass, DPH CFO, met with Supervisor Sophie Maxwell and the Board of Supervisors' budget analyst on June 17 to discuss maximizing revenue at SFGHMC. Inouye and Sass presented to the Supervisor SFGHMC's current efforts to maximize revenue, such as improving Medi-Cal FQHC charge and diagnosis capture and successfully negotiating increases to its Medi-Cal contract. Supervisor Maxwell was impressed and encouraged staff to share the results of these efforts when the management audit of SFGHMC is reviewed with the Board of Supervisors.

Supervisor Fiona Ma toured the Mental Health Rehabilitation Facility on June 17 in response to comments heard from family members of residents who opposed the closure of the MHRF. Sharon McCole-Wicher, Nursing Director for Psychiatry, and Alex Anagnos, Nursing Director for the MHRF, accompanied Supervisor Ma and described the flow of patients between acute psychiatry and the MHRF, services provided to residents, and the discharge of patients to more appropriate levels of care.

Julie L. Gerberding, M.D., M.P.H., Director for the Centers for Disease Control and Prevention (CDC), spoke at Carr Auditorium on June 3 about public health promotion and prevention efforts in the 21st century. Dr. Gerberding was a resident at SFGHMC and a former Director of the Prevention Epicenter at UCSF. She is returning as an attending physician at the hospital for this month.

Gene O'Connell and members of the SFGHMC Executive Committee volunteered their time to participate in the DPH disaster exercise on June 17. Volunteers from DPH and the community participated in this mock exercise to provide mass vaccinations in the event of a flu epidemic, smallpox, or providing antibiotics for protection against meningitis, anthrax, or other health emergencies.

Commissioners' Comments

- Commissioner Monfredini commented that six months after the last JCAHO survey at CPMC, a surveyor showed up for an unannounced survey. She wondered whether it wasn't becoming a new protocol for JCAHO. Ms. O'Connell responded that this was for cause, and not a random inspection. She added that SFGH will volunteer for a resurvey in January 2005 to preempt any unannounced visits.
- Commissioner Monfredini speculated that the number of people affected by the change in pharmacy benefits for those above 300% FPL will be rising given the state of the economy, and wondered how they would afford prescription drugs. Ms. O'Connell responded that they have no choice in the matter, as it is part of the City budget process. Commissioner Monfredini follow-up by asking whether ADAP will be affected. Ms. Kotabe responded in the negative.
- Commissioner Monfredini asked what other contractor might be available for medical record storage. Mr. Elliot responded that there is the citywide contract, but it probably wouldn't be able to handle the volume. An RFP is probably the best answer.

- Commissioner Monfredini asked how the meeting went with Supervisor Maxwell. Ms. Inouye responded that it went well, and gave them the opportunity to describe some of the initiatives to her that SFGH is undertaking.

4) PATIENT CARE REPORT

Yuhum Digdigan, R.N., Nursing Director for Med-Surg/SNF presented the Patient Care Report in the absence of Sue Currin, R.N., Chief Nursing Officer, (Attachment A).

Commissioners' Comments

- Commissioner Monfredini asked whether the Joint RN Labor Management Monitoring Committee is part of the nursing contract. Ms. Digdigan responded in the affirmative. Commissioner Monfredini followed-up by asking how many people regularly attend. Ms. Digdigan responded between seven and ten.
- Commissioner Parker asked about the effects of the City and State budgets on the hospital. Ms. O'Connell responded that it won't really be known until the dust settles. They have, however, been making many hidden savings, such as not filling essential positions, which will probably make for longer waits and lines, and cause efficiency losses.
- Commissioner Parker asked whether it is necessary to make personnel changes that don't make sense. Ms. O'Connell responded that the budget analyst does look at positions. She added that it the organizational goal to make sure that the right people are doing the right thing. She did note that by comparison, the hospital came through the budget process okay. The MHRF will take some examination as to what to do. She added that only about 20 of the current 52 residents need to be in a locked facility, and they will continue to look for appropriate placements.
- Commissioner Monfredini noted that just because the mayor made a deal to leave the MHRF unchanged, doesn't mean that the Department has to put it back the way it was. Ms. O'Connell responded that they will continue to work toward appropriate admission and appropriate discharge, but probably won't go back to 140 residents.

5) PUBLIC COMMENT

None.

6) CLOSED SESSION

A) Public Comment on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session

Action Taken: The Committee voted to hold a closed session

The Committee went into closed session at 4:35 p.m. Present in closed session were Commissioner Parker, Commissioner Monfredini, Andy Brunner, Sue Carlisle, M.D.,

Anne Chang, Yuhum Digdigan, Chris Elliot, Maya Garcia, Valerie Inouye, Sharon Kotabe, John Luce, M.D., Alison Moed, Kathy Murphy (City Attorney's Office), Renee Navarro, M.D., Valerie Ng, M.D., Gene O'Connell, Jim Soos, Hiro Tokubo

- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section I

APPROVAL OF CLOSED SESSION MINUTES OF MAY 13, 2003

Action Taken: The Committee approved the May 13, 2003 closed session minutes.

MEDICAL STAFF REPORT

J. Renee Navarro, M.D., Chief of Staff

CONSIDERATION OF CREDENTIALING MATTERS

J. Renee Navarro, M.D., Chief of Staff

Action Taken: The Committee approved the Credentials Report

CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE, QUALITY ASSURANCE

John Luce, M.D., Medical Director, SFGH-QM

Hiroshi Tokubo, CHN Quality Director, QM

Alison Moed, Director of Risk Management

- D) Reconvene in Open Session

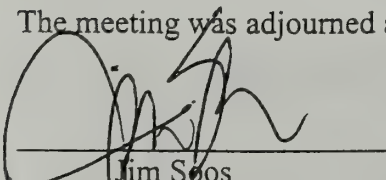
The committee reconvened in open session at 5:10 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).
2. Vote to Elect Whether to Disclose Any of All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2)).

Action Taken: The Committee voted not to disclose any discussion held in closed session.

9) ADJOURNMENT

The meeting was adjourned at 5:10 p.m.



Jim Soos
Acting Executive Secretary
to the Health Commission

Attachment (1)

PATIENT CARE SERVICES REPORT

Submitted to the JCC, 6/11/03
Sue Currin, RN, MS, Chief Nursing Officer
San Francisco General Hospital

1. LHH JOB FAIR

A Job Fair was held at Laguna Honda Hospital on June 2, 2003. The targeted audience was Jail Health Services (JHS) staff facing displacement. Manager representatives from Laguna Honda, San Francisco General, Primary Care, Health at Home, and LHH attended. Human Resources representatives from LHH and SFGH were also present to answer questions and take interest statements.

Attendance was not as large as at the recent MHRF Job Fair. Approximately 25 (JHS) staff attended as well as a few LHH employees. Most of the JHS staff seemed to be those with seniority looking at reassignment opportunities rather than staff actually affected by displacement. The majority who signed job interest sheets were Registered Nurses, though there was an LVN and a Unit Clerk who expressed interest in SFGH-based jobs.

2. NURSING STAFF RECOGNITION

The second SFGH DAISY Award recognition is scheduled for Monday, June 16. The DAISY Foundation recognizes extraordinary nurses with a monthly award at SFGH. June's recipient will be Anne Goodall, staff nurse on 4E. Anne was nominated by her peers and selected by the Retention and Recruitment Committee for the DAISY. The award will be a surprise to her and includes dinner and a massage at a local spa.

Two LVNs on 4D, Brian Levardo and Michael Oamil, will receive Nursing Workforce Initiative grants beginning this fall. Brian and Michael will start in the advanced placement of the City College RN program. The grant will provide for the cost of schooling, educational counseling and decreased work hours.

3. ED STAFF SFPD AWARDS

Captain Corrales of the San Francisco Police Department Mission Station presented plaques and certificates of appreciation to fifteen ED nursing and medical staff on June 4, 2003. The awards of recognition were presented to the nurses and doctors who were directly involved in the care of the SFPD officers the night of June 12, 2002. Referred to as the Dolores and 17th Street catastrophe, several officers were brought to the ED critically injured while responding code three to a heinous crime in the City. One of the injured officers with a morbid prognosis has made an outstanding recovery in the past year and has returned to duty. The SFPD's highest ranking officers feel the care and professionalism witnessed that evening in the ED was instrumental in the recovery of all the officers. The ED staff feel the outcome of the critically injured officer proves the "Golden Hour" of trauma care is essential to survival of the injured.

Gene O'Connell, Sue Currin, and Terry Dentoni were in attendance to witness the presentations. The members of the ED were recognized publicly at the Police Commission May 21 meeting. The following staff were acknowledged:

Nurses:	Dawn Blaney	Kim Frost
	Lane Bradfield	Theresa Guess
	Anne Bustin	Beth Karlsrud
	Angie Canus	Karl Klaiber
	Vickie Devore	Linda Pasek
ED Attending Physician:	Dr. Lynn Bui	
Residents:	Dr. Damon Kuehl and Dr. Douglas White	
Intern:	Dr. Ellie Grossman	

4. REGISTRY SUPPLEMENTAL BPO APPROVAL

The increased utilization of registry staff during fiscal year 2002-03 occurred due to the following factors:

- The utilization of Travel Nurses in specialty areas was needed to meet patient needs through the winter months and during high census periods. The average cost for each Travel Nurse is \$65.00 per hour.
- Registry CNA usage increased due to the inability to hire into permanent positions since June 2002. During this period we experienced a high volume of patients requiring 1:1 close observation
- Internally, non-specialty nursing positions were unfilled in anticipation of layoffs at the MHRF and JMS.

Plan: Nursing Administration has taken steps to alleviate future over-expenditures of the registry budget.

- We implemented new tracking and invoicing procedures with the Registries to streamline the process and eliminate late invoice processing.
- We created a daily reporting tool to track all invoices for review. An electronic version of the reporting tool is sent to Accounting for review.
- Budget decisions decreased the MHRF census in preparation for anticipated closure. This allowed us to temporarily reassign MHRF staff to offset sitter needs for 1:1 close observation of patient. Consequently, we stopped using Registry CNAs.
- We have scheduled monthly meetings with Accounting Staff to reconcile invoices. A point person in Accounting was assigned to work with Nursing Administration and DPH Contracts Office.

5. JOINT RN LABOR MANAGEMENT MONITORING COMMITTEE

The Joint RN Labor Management Monitoring Committee has met twice monthly over the past year. The purpose of this Committee is to address issues of mutual concern and interest as related to quality health care, including assurance of professional standards and optimal patient

care, staffing, issues of training, vacancies, overtime, and employee morale. Specific issues addressed over the past year include patient to staff assaults, security in hospital and Emergency Department, infection control, payroll, tuition reimbursement, educational leave, P103 working hours, staff safety, and violence in the workplace.

6. BABY FRIENDLY HEALTH INITIATIVE (BFHI)

All 6C and 6H nursing staff have completed the 18-hour course/training on breastfeeding. Employees hired from March 2003 to date will complete training by July 2003. A self-study module, with all of the required elements of the breastfeeding curriculum has been created for the physician and Certified Nurse Midwife providers for SFGH and Primary Care Clinics.

A Certificate of Intent was issued to SFGH by Baby Friendly, USA and is posted at the Birth Center. The Baby Friendly Health Initiative Task Force continues to prepare for the upcoming Baby Friendly, USA site visit.

7. PATIENT CLASSIFICATION SYSTEM UPDATE

In consultation with the Catalyst Systems program managers, the patient classification acuity system on four inpatient units will be studied in June. The objective of the study is to validate the classification (acuity) method utilized to predict target staffing and to study work activity patterns on each unit. The studies consist of interval sampling observations of staff and patient care every 10 minutes for a period of 72 hours. The final report is expected in September.

San Francisco General Hospital

DIVERSION REPORT

May 2003

Executive Summary

The Emergency Department [ED] recorded 37 episodes of diversion for 200 hours representing a rate of 26.9% in May 2003. This is a 0.2% increase in diversion since April 2003.

The 37 episodes of diversion are categorized as follows:

Diversion Type	# Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	37	200	26.9%	0.2%
Trauma Override	6	29.4	4%	0.7%

The ED was impacted by capacity and high patient acuity during the 37 episodes of Total Diversion and Trauma Override. During this time, 278 patients were pending admission to inpatient beds [ICU-28, 4B/StepDown-108, MedSurg-142]. In May 2002, the ED was on Total Diversion 31% of the month. Trauma Override was invoked 2.8% of the month in May 2002.

Total Diversion was recorded for 37 episodes, a total of 200 hours or a 26.9% rate for May 2003, and a 0.2% increase in Total Diversion since April 2003. While on Total Diversion the ED held 278 patients in May 2003. While on Total Diversion in May 2002, the ED held 238 patients awaiting inpatient beds.

Trauma Override was recorded for 6 episodes, a total of 29.4 hours or a 4% rate for May 2003. This is a 0.7% decrease in Trauma Override since April 2003. While on Trauma Override the ED held 46 patients in May 2003. While on Trauma Override in May 2002, the ED held 34 patients awaiting inpatient beds.

Trauma Override Summary

The Emergency Department recorded 6 episodes of Trauma Override for 29.4 hours, a percentage of 4% for the month of May.

Date	Length	Summary of Event
05/02/03	2145-2250 (1h 5m)	911-1 912-2 910-0
05/09/03	2312-0155 (2h 43m)	911-1 912-2 910-0
05/12/03	1815-2245 (4h 30m)	911-1 912-2

		910-0
05/19/03	1315-2330 (10h 15m)	911-1 (900) 912-1 910-0
05/23/03	2212-2356 (1h 44m)	911-1 912-0 910-0
05/28/03	1710-0215 (9h 5m)	911-1 912-0 910-0

DEFINITIONS:

SFGH internal trauma activation:

The trauma override summary explains trauma patients in the emergency department as 911, 912, 910 and 999. A 911 is a critical trauma patient. A 912 is a potentially critical trauma patient. A 910 is a critical pediatric patient. Finally, a 999 is a multiple casualty incident involving 3 or more critical trauma patient.

EMSS definitions:

Total Diversion:

When a receiving hospital Emergency Department determines, through pre-established criteria, that the Emergency Department is unable to provide care to additional ambulance patients AND communicates this change in status to the SFFD Comm center.

Trauma Override:

When SFGH continues Total diversion during a period of Total diversion suspension. During Trauma Override, SFGH shall continue the diversion of medical patients, {or all non-trauma and other Special care patients if on total diversion} while continuing to accept patients meeting trauma center destination and specialty care criteria.

The following three conditions must be met:

1. The critical care bed capacity at SFGH is two or less beds.
2. All SFGH internal diversion strategies have been exhausted
3. There is at least one trauma patient in the process of evaluation/ treatment in the SFGH trauma care system.

Prepared by: **Sharon Kennedy R.N.**
Base Hospital Coordinator
Erthemese Elias
Base Hospital Assistant

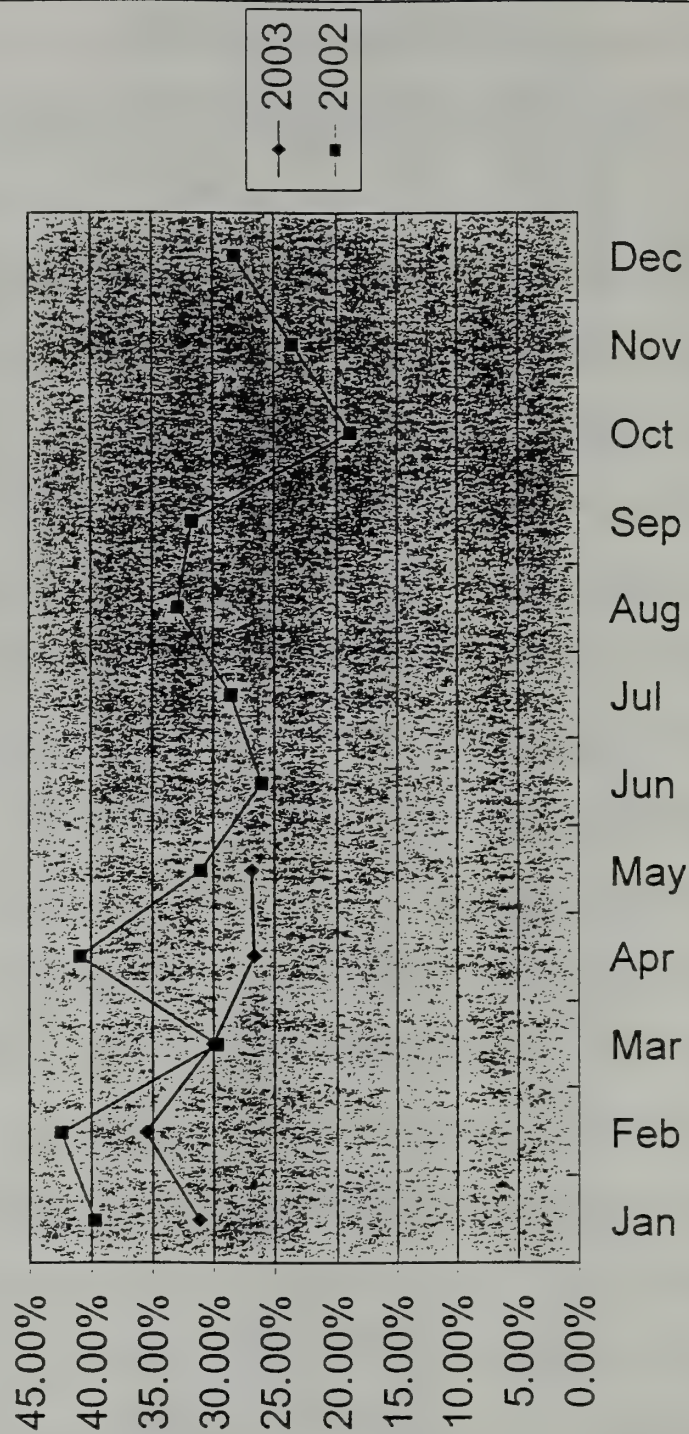
San Francisco General Hospital
Emergency Department
May 2003
Total Diversion Summary

In May, the Emergency Department recorded 37 episodes of Total Diversion for 200 hours, a percentage of 26.9% for the month.

Date	Length	Summary of Event
05/01/03	1255-1555 (3h)	33 patients in the ED Admits: 1-ICU; 2-4B; 2-Floor ED waiting room: 4 urgent patients
05/01/03	1747-2228 (4h 41m)	39 patients in the ED Admits: 1-ICU; 3-4B; 5-Floor ED waiting room: 7 urgent patients
05/02/03	1200-2250 (10h 50m)	50 patients in the ED Admits: 7-4B; 7-Floor ED waiting room: 4 urgent patients
05/03/03	1825-2235 (4h 10m)	30 patients in the ED Admits: 2-4B; 3-Floor ED waiting room: 4 urgent patients
05/03/03	2312-0510 (5h 58m)	43 patients in the ED Admits: 6-4B ED waiting room: 5 urgent patients
05/06/03	1930-2140 (2h 10m)	36 patients in the ED Admits: 1-4B; 3-Floor ED waiting room: 8 urgent patients
05/07/03	2046-0100 (4h 14m)	39 patients in the ED Admits: 2-Floor ED waiting room: 8 urgent patients
05/08/03	1456-2310 (8h 14m)	30 patients in the ED Admits: 1-ICU; 5-4B; 5-Floor ED waiting room: 10 urgent patients
05/09/03	1750-1930 (1h 40m)	38 patients in the ED Admits: 1-ICU; 1-4B; 1-Floor ED waiting room: 10 urgent patients
05/09/03	2010-0215 (6h 5m)	38 patients in the ED Admits: 1-ICU; 1-4B; 4-Floor ED waiting room: 11 urgent patients
05/10/03	1825-2243 (4h 18m)	36 patients in the ED Admits: 1-4B; 6-Floor ED waiting room: 10 urgent patients
05/11/03	2040-0010 (3h 30m)	36 patients in the ED Admits: 1-ICU; 3-4B; 2-Floor ED waiting room: 1 urgent patient
05/11/03	0109-0730 (6h 21m)	35 patients in the ED Admits: 2-ICU; 3-4B; 2-Floor ED waiting room: 5 urgent patients
05/12/03	1158-0335 (15h 37m)	34 patients in the ED Admits: 1-ICU; 6-4B; 1-Floor ED waiting room: 13 urgent patients
05/13/03	1437-1725 (2h 48m)	38 patients in the ED Admits: 1-ICU; 5-4B; 2-Floor ED waiting room: 18 urgent patients
05/14/03	1630-1830 (2h)	38 patients in the ED Admits: 1-ICU; 8-Floor ED waiting room: 6 urgent patients
05/15/03	1715-0424 (11h 9m)	36 patients in the ED Admits: 1-4B; 3-Floor ED waiting room: 8 urgent patients

05/16/03	2145-0325 (5h 40m)	38 patients in the ED Admits: 3-4B; 5-Floor ED waiting room: 6 urgent patients
05/17/03	0950-1250 (3h)	36 patients in the ED Admits: 1-ICU; 5-4B; 2-Floor ED waiting room: 9 urgent patients
05/17/03	1945-2210 (2h 25m)	37 patients in the ED Admits: 2-4B; 2-Floor ED waiting room: 5 urgent patients
05/18/03	0324-0835 (5h 11m)	27 patients in the ED Admits: 1-ICU; 2-4B; 5-Floor ED waiting room: 8 urgent patients
05/18/03	2306-0255 (3h 55m)	35 patients in the ED Admits: 1-ICU; 6-4B; 3-Floor ED waiting room: 11 urgent patients
05/19/03	1227-2330 (11h 3m)	37 patients in the ED Admits: 1-ICU; 5-4B; 2-Floor ED waiting room: 9 urgent patients
05/20/03	1327-1532 (2h 5m)	27 patients in the ED Admits: 1-ICU; 1-4B; 6-Floor ED waiting room: 8 urgent patients
05/20/03	2235-0135 (3h)	36 patients in the ED Admits: 2-ICU; 3-4B; 7-Floor ED waiting room: 7 urgent patients
05/21/03	2319-0238 (1h 19m)	36 patients in the ED Admits: 1-ICU; 2-Floor ED waiting room: 10 urgent patients
05/22/03	1700-2025 (3h 25m)	40 patients in the ED Admits: 1-ICU; 2-4B; 4-Floor ED waiting room: 6 urgent patients
05/23/03	1200-2356 (11h 56m)	32 patients in the ED Admits: 2-ICU; 6-4B; 1-Floor ED waiting room: 7 urgent patients
05/24/03	0424-0635 (2h 11m)	31 patients in the ED Admits: 4-4B; 1-Floor ED waiting room: 6 urgent patients
05/24/03	1900-0005 (5h 5m)	37 patients in the ED Admits: 2-ICU; 4-4B; 7-Floor ED waiting room: 8 urgent patients
05/27/03	2330-0300 (3h 30m)	39 patients in the ED Admits: 4-4B; 8-Floor ED waiting room: 10 urgent patients
05/28/03	1000-0215 (16h 15m)	37 patients in the ED Admits: 1-4B; 4-Floor ED waiting room: 3 urgent patients
05/29/03	1225-1710 (4h 45m)	39 patients in the ED Admits: 1-ICU; 4-4B; 9-Floor ED waiting room: 4 urgent patients
05/29/03	2058-2358 (3h)	40 patients in the ED Admits: 1-ICU; 3-4B; 3-Floor ED waiting room: 12 urgent patients
05/30/03	2004-0017 (4h 13m)	38 patients in the ED Admits: 3-4B; 4-Floor ED waiting room: 10 urgent patients
05/31/03	1150-1610 (4h 20m)	33 patients in the ED Admits: 2-4B; 10-Floor ED waiting room: 12 urgent patients
05/31/03	2000-0313 (7h 13m)	38 patients in the ED Admits: 2-ICU; 1-4B; 1-Floor ED waiting room: 12 urgent patients

SFGH ED DIVERSION RATE 2002, 2003



City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
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Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
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David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
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Agenda

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JOINT CONFERENCE COMMITTEE
FOR THE
SAN FRANCISCO GENERAL HOSPITAL
COMMITTEE MEETING

The Joint Conference Committee for the San Francisco General Hospital meeting scheduled for Tuesday, August 12, 2003 has been rescheduled.

The new date is:

Wednesday, August 20, 2003
3:45 p.m.
San Francisco General Hospital
1001 Potrero Avenue, Room #2A6
San Francisco, CA 94102

An agenda will follow.

For information call the Commission Office at 554-2666.

(Posted August 4, 2003)

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS MAIL

Edward A. Chow, M.D.
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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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Michele M. Olson
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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, August 20, 2003

3:45 p.m. - 5:30 p.m.

1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

Commissioner Harrison Parker, Sr. DDS, Chair
Commissioner Lee Ann Monfredini

- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF MINUTES OF JUNE 18, 2003
**Minutes of June 18, 2003*
- 3) FOR DISCUSSION: HOSPITAL ADMINISTRATOR'S REPORT
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*
- 4) FOR DISCUSSION: PATIENT CARE REPORT
(Sue Currin, RN, Chief Nursing Officer, SFGHMC)
**Report*
- 5) FOR DISCUSSION: FINANCE REPORT
(Valerie Inouye, CHN Chief Financial Officer)
**Report*

- 6) **FOR DISCUSSION:** **SFGH REBUILD UPDATE**
(John Kanaley, Senior Associate Administrator,
SFGHMC Support Services)
**Update*

7) **PUBLIC COMMENT****

8) **CLOSED SESSION**

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session
- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION**
MINUTES OF JUNE 18, 2003

FOR DISCUSSION **MEDICAL STAFF REPORT**
AND POSSIBLE Valerie Ng, M.D., Chief of Staff
ACTION:

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Valerie Ng, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF MEDICAL AUDIT,**
QUALITY OF CARE, QUALITY ASSURANCE
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

9) **ADJOURNMENT**

* Explanatory documents are available at the Joint Conference Committee, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, August 20, 2003
3:45 p.m. – 5:30 p.m.
1001 Potrero Ave., Conference Room #2A6
San Francisco, CA 94110

DOCUMENTS DEPT.

SEP - 5 2003

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1) CALL TO ORDER

The meeting was called to order by Commissioner Parker at 3:50 p.m.

Present: Commissioner Harrison Parker, Sr., DDS, Chair
Commissioner Lee Ann Monfredini

Staff: Anne Chang, Sue Currin, Maya Garcia, Valerie Inouye,
Kathy Murphy (City Attorney's Office), Valerie Ng, M.D.,
Gene O'Connell, Hiro Tokubo, Carlos Villalva

2) APPROVAL OF THE MINUTES OF JUNE 18, 2003

Action Taken: The Committee approved the minutes of the June 18, 2003
San Francisco General Hospital Joint Conference Committee
meeting.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, CEO of San Francisco General Hospital Medical Center presented the Hospital Administrator's Report.

PROGRAM UPDATES

SFGH 03-04 Goals Drafted

Building on the strategic planning process adopted last fiscal year, the SFGH Executive Committee has drafted ten goals for fiscal year 2003-04, generated by discussions held at its retreat this past May. The goals are being finalized with input from the Medical Executive Committee and will be shared at the SFGH annual update to the Health Commission in October.

Mental Health Rehabilitation Facility Update

Given recent administrative reductions in the FY 2003-04 budget, SFGH has reorganized the administration of the Mental Health Rehabilitation Facility. Alex Anagnos, Director of Nursing at the MHRF, is now responsible for day-to-day operations at the facility and reports to Sharon McCole-Wicher, Director of Behavioral Health Services at SFGH. Behavioral Health Services includes the MHRF, acute psychiatry, and outpatient substance abuse and psychiatric services. Sharon continues to report to Sue Currin, Chief Nursing Officer at SFGH.

Since the decision to restore the MHRF for another year, several members of the Board of Supervisors have toured the facility. Supervisors Tom Ammiano, Aaron Peskin, and Jake McGoldrick visited the MHRF on July 24, July 30 and August 14, respectively. The Supervisors seemed supportive of the facility and interested in seeing it remain open if financially possible.

The Director of Health will be chairing a Blue Ribbon Committee starting September 10 that will discuss the optimal programmatic design and funding mechanism for the MHRF. Ms. McCole-Wicher has been selected to be a member of this committee, and La Francine Tate, Special Assistant to the CEO; and Gloria Rodriguez, Media Relations, have been selected to staff the committee.

Environment of Care/Enforcement of the SFGH Smoking Policy Update

In the past 18 months, the Environment of Care/Safety Committee has struggled with compliance of the SFGH smoking policy. Staff, patients, and visitors continue to smoke in unauthorized areas throughout the facility. SFGH has reviewed and revised its smoking policy, implemented a disciplinary policy for staff violators, reviewed the designation of smoking areas, developed a "Butt Patrol" program, all of which have had some impact on resolving the problem, but has not eliminated it. SFGH is concerned that continued compliance problems may lead to fire safety issues and a repeat JCAHO Type I recommendation.

The Environment of Care/Safety Committee plans to implement a smoking citation issuance program that would issue civil citations of \$100 each to violators under Health and Safety Code 1286. SFGH anticipates that these citations would be issued mostly to visitors and staff, but could also be issued to patients as well. Inpatients are offered nicotine patches as an alternative to smoking during their inpatient stay, and are provided with a designated smoking section.

SFGH Seeks Funding Through Urban Areas Security Initiative (UASI)

Gene O'Connell and other agency heads at the Department of Public Health have been participating on an Emergency Operations Policy Committee to determine funding requests for the Urban Areas Security Initiative, funds allocated to the City and County of San Francisco from the U.S. Department of Homeland Security to enhance and sustain capacity to prevent, respond to, and recover from threats or acts of terrorism. To structure the Department's request, Ann Stangby, Emergency Response Planner for SFGH, and DPH's Emergency Medical Services worked with representatives of other area hospitals to identify citywide health and medical disaster response needs. SFGH requests included funding for air medical access planning and design, light towers, transport monitors, stair chairs for

evacuation, and protective suits. Funds available to the city total approximately \$23 million, which would also be distributed to other city departments such as Fire and Police.

Purchases Supported by the SFGH Patient Care Fund

This year, proceeds from the SFGH Patient Care Fund enabled SFGH to make valuable purchases to better deliver care to patients. Major purchases include: 1) a vascular probe for an ultrasound machine in the Emergency Department, 2) art, furniture, and books to make the pediatric clinic more kid-friendly, 3) a network-based patient information program for handouts on common medical conditions in ten different languages at the 6th grade reading level, 4) sleeper chairs for partners to stay post-partum in OB rooms, 5) an exam table to accommodate physically challenged gynecology patients, 6) a cool-spotted procedure lamp for the Family Health Center procedure clinic, and 7) breast feeding equipment to be loaned out to patients.

EVENTS

On July 25, SFGH held a plaque dedication ceremony and reception commemorating the 20th anniversary of the HIV/AIDS unit. Guest speakers included clinicians who served patients in the unit when the HIV/AIDS epidemic first began and Commissioner Roma Guy.

On August 18, Gene O'Connell held a lunchtime celebration with staff at the SFGH Renal Center, Quality Management, and the Department of Medicine to mark the successful transfer of outpatient dialysis from UCSF to SFGH's license.

STAFF NEWS

Effective July 1, Dr. Valerie Ng replaced Dr. Renee Navarro as Chief of Medical Staff for SFGH. Since November 2000 Dr. Ng has served as Interim Chair of UCSF's Department of Laboratory Medicine and is Chief of Laboratory Medicine at SFGH. She has been based at SFGH since 1987 and has been active in national laboratory medicine affairs, including serving as a panel member of the Clinical Laboratory Improvement Advisory Committee (CLIAC) for the Federal Department of Health and Human Services.

Ann Stangby, Emergency Response Planner for SFGH, and the San Francisco General Hospital Foundation, are being recognized with a Certificate of High Honor from California Medical Center for excellence in patient education. Ms. Stangby and the Foundation developed an emergency response map for the city of San Francisco, which was considered by reviewers to be "of outstanding quality, innovative, focused on an important population, and [demonstrates] use of high-retention learning methods." The Certificate of High Honor was awarded to eight out of 153 submissions total.

Commissioners' Comments

- Commissioner Monfredini asked how long the Blue Ribbon Committee has to meet. Ms. O'Connell responded that they Committee would finish meeting December 2003.
- Commissioner Monfredini explained that California Pacific Medical Center found that fining staff caught smoking did not work (people did not pay the fines), but that docking their pay immediately resolved the problem. Ms. O'Connell said that they would look into this approach.
- Commissioner Monfredini asked who is the final audience for SFGH's FY 2003-2004 goals (see Attachment A). Ms. O'Connell replied that there were multiple audiences, both internal and

external. Commissioner Monfredini advised moving Goal #9 to Goal #1 because if you do not have staff you have nothing. Ms. O'Connell pointed out that although the goals were not meant to be listed in order of importance, she agreed with Commissioner Monfredini's point and would consider moving Goals #9 and #10 to the top of the list.

4) PATIENT CARE REPORT

Sue Currin, R.N., M.S., Chief Nursing Officer presented the Patient Care Report, (Attachment B).

Commissioners' Comments

- Commissioner Monfredini asked whether the 14.5 FTE positions that need to be filled could be instead 29 part time? Ms. Currin said answered that it could and that they are very flexible when it comes to accommodating people's desired schedules.
- Commissioner Parker asked if the merger with Paramedics and the Fire Department decreased time SFGH was on diversion. Ms. Currin said that the merger did not seem to have an impact. In fact, Ms. O'Connell noted that this actually increased diversion because there were more ambulances, thereby increasing patients, and none of the hospitals added capacity. This was not recognized ahead of time, but has been realized now.
- Commissioner Parker asked in light of the Stabilization Center, has DPH issued guidelines or done trainings to ensure that paramedics will bring the inebriates to the proper facility? Ms. O'Connell said that this has not happened but will soon, and that Barbara Garcia will present an update to the Stabilization Center at the PHP JCC next week.
- Commissioner Parker asked why, if there is a recognized nursing shortage, did we allow E.R. nurses to be laid off as part of the budget process? Ms. Currin said that they did all they could, but in the end did lose some nurses because the City did not protect the positions. Commissioner Parker noted that this was an expensive and counter productive way of doing things, and questioned why the City did not recognize this. He noted the importance of continuing to make these points to try to avoid this situation in future budget years. Commissioner Parker noted that most of the problems that happen at SFGH do not originate at SFGH.

5) FINANCE REPORT

The Finance Report was presented by Valerie Inouye, CHN Chief Financial Officer, (Attachment C)

Commissioners' Comments

- Commissioner Parker asked how the transfer of the Institutional Police to the Sheriff's Department has gone. Ms. O'Connell noted that it has gone very well and that they have an easier time covering the shifts.

6) SFGH REBUILD UPDATE

Carlos Villalva, Assistant Hospital Administrator, presented the SFGH Rebuild Update, in the absence of John Kanaley, Senior Associate Administrator, SFGHMC Support Services. The report focused on two conceptual site plans, the selection criteria and the capital cost estimates of each.

Commissioners' Comments

- Commissioner Monfredini asked if they plan to keep the brick buildings on the Potrero Campus. Mr. Villalva answered that yes, they do intend to keep those buildings but will use them as research space, not patient centers.
- Commissioner Parker asked if the Super Clinic would be built in Concept A. Mr. Villalva said that they have moved away from the concept of a "Super Clinic."
- Commissioner Parker asked if they are incorporating the Helipad into their plans. Mr. Villalva said that the cost for this has been assumed in both concepts.
- Commissioner Monfredini shared that she does not believe that Concept C is workable, as it is unaffordable and the Mission Bay land is not zoned for a hospital. Mr. Villalva said that the Steering Committee would meet in a few weeks to narrow the choices down to one. Ms. O'Connell said that the Health Commission would hear the final recommendation in the October meeting. A bond report needs to be done by the third week in March.
- Commissioner Monfredini asked Mr. Villalva to describe exactly which eleven houses that would possibly be purchased under Concept A. Mr. Villalva described the location and said that he will be meeting soon with the homeowners to discuss.
- Commissioner Parker asked how does the safety net status of the hospital impact the various plans for the rebuild. Commissioner Monfredini said that the mission of the hospital guides the process. Ms. O'Connell said that the need to be accessible was used in the criteria.
- Commissioner Monfredini asked why they need to bring in a consultant to figure out the costs of the two different concepts. She asked how much this would cost. Mr. Villalva said this is costing about \$20,000 and noted that they have to know the full costs, but that between the two there is not a huge difference. Commissioner Monfredini said that she thought the consultant cost was reasonable.
- Commissioner Parker said that he was also inclined to buy into Concept A based on the information they have heard to date.

7) PUBLIC COMMENT

8) CLOSED SESSION

A) Public Comment on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session

Action Taken: The Committee voted to hold a closed session

The Committee went into closed session at 5:30 p.m. Present in closed session were Commissioner Parker, Commissioner Monfredini, Anne Chang, Sue Currin, Maya Garcia, Valerie Inouye, Kathy Murphy (City Attorney's Office), Valerie Ng, M.D., Gene O'Connell, Hiro Tokubo.

C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section I

APPROVAL OF CLOSED SESSION MINUTES OF JUNE 18, 2003

Action Taken: The Committee approved the June 18, 2003 closed session minutes.

MEDICAL STAFF REPORT

Valerie Ng, M.D., Chief of Staff

CONSIDERATION OF CREDENTIALING MATTERS

Valerie Ng, M.D., Chief of Staff

Action Taken: The Committee approved the Credentials Report

CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE, QUALITY ASSURANCE

John Luce, M.D., Medical Director, SFGH-QM

Hiroshi Tokubo, CHN Quality Director, QM

Alison Moed, Director of Risk Management

D) **Reconvene in Open Session**

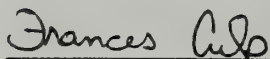
The committee reconvened in open session at 5:45 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2)).
2. Vote to Elect Whether to Disclose Any of All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2)).

Action Taken: The Committee voted not to disclose any discussion held in closed session.

9) **ADJOURNMENT**

The meeting was adjourned at 5:50 p.m.



Frances Culp

Acting Executive Secretary
to the Health Commission

Attachments (3)

DRAFT: REVISIONS PENDING PER MEC
SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER
GOALS
FY 2003-04

OVERARCHING GOAL: Strengthen the relationship of SFGH as a public hospital within a health department and create linkages and integration of services with public health programs. Place a greater focus on the mission of improving cultural competence.

1. **DEVELOP THE FACILITY MASTER PLAN FOR THE REBUILD OF SFGH.**
Lead: John Kanaley

Since 2001, SFGH has been working to meet requirements mandated by Senate Bill 1953 that requires the City to rebuild the hospital due to changes in seismic building standards. SFGH has established a Rebuild Steering Committee and a Combined Advisory Committee, comprised of both internal and community stakeholders, to help with this process. We have also held extensive meetings with UCSF to explore co-location efforts, first with a joint women and children's initiative and then with an overall UCSF/SFGH hospital co-location initiative. At this time, UCSF has chosen not to co-locate with the City, therefore, SFGH is proceeding alone with an Institutional Master Planning process and specific plans for the acute care hospital rebuild. At the beginning of FY 2003-04, SFGH has three scenarios as part of its Institutional Master Plan. One is on the Potrero Street campus and the other two concepts include a Mission Bay site.

Next Steps:

- With guidance from the Rebuild Steering Committee, Combined Advisory Committee, and the SFGH and Community Health Network Joint Conference Committees, choose the best of the three alternatives and present a final proposed Institutional Master Planning concept to the Health Commission for approval in October 2003
- Maintain two way communications with SFGH staff through presentations at the Executive Committee, Medical Executive Committee, and Management Forum. Special sessions will be set up on an as-needed basis
- Develop a financial plan for funding the hospital rebuild which will include a general obligation bond package for submission to the Capital Improvement Advisory Committee by March of 2004 for a ballot initiative in November 2004
- Develop additional financial plans for the costs associated with the remainder of the selected site, which may include DPT Parking bond funding, UCSF research space funding and grants, private party research funding and grants, private philanthropic funding, and any other funding sources that may be available to complete constructing and equipping the site

2. COMPLETE LEVEL 1 TRAUMA CENTER VERIFICATION AND DESIGNATION APPROVAL PROCESS.
LEAD: CHRIS WACHSMUTH

SFGH is required to re-verify as a Level 1 Trauma Center by the American College of Surgeons (ACS) in order to be in compliance with the City & County of San Francisco Trauma Care System Plan as approved by the Health Commission in 2001. The ACS conducted a consultative site visit in November 2001 at the request of SFGH in order to prepare and implement an action plan for a successful re-verification site survey. This goal will be accomplished when SFGH is notified that the Trauma Center has been re-verified as a Level 1 institution in full compliance with ACS standards. The two day on-site survey reviews all aspects of care of the injured patient in every department in which that care occurs. Emphasis is placed on demonstrating a coordinated continuum of injury care, performance improvement, staff competency, leadership, teaching, research, injury prevention and outreach to lower level trauma centers and communities served. The successful accomplishment of this goal requires the implementation of a survey preparation action plan, convening a multidisciplinary survey prep team, and adherence to time specific objectives.

Next Steps:

- Coordinate the ACS re-verification site visit with the San Francisco Emergency Medical Services Section for a Level 1 Trauma Center site survey in February 2004
- Orient the Trauma Program Manager, Trauma Educator/Outreach Specialist, and Nurse Practitioners to complete the leadership transition of the Trauma Center
- Continue implementation of the site survey action plan correcting deficiencies and weaknesses identified in the ACS consultative visit
- Prepare SFGH for the February 2004 ACS re-verification/EMS trauma center designation process
- Complete the ACS pre-survey audit questionnaire by November 2003
- Assist physician leaders to prepare for the ACS survey to include: credentialing, performance improvement, continuing medical education, and coordination of care
- Assist managers and directors of departments and services responsible for the trauma continuum of care to prepare for a successful ACS survey at the department level
- Arrange all logistics of the site survey in coordination with ACS and the SF EMS Agency to ensure a successful survey visit
- Prepare for a "continual state of ACS readiness" in preparation for the three year ACS site survey schedule (the next Trauma Center ACS survey would be in 2007)

3. PLAN AND DESIGN AIR MEDICAL ACCESS FOR SFGH.
LEAD: CHRIS WACHSMUTH

In March 2003, the Health Commission reviewed the findings of the SFGH Aeromedical Access Needs Assessment & Feasibility Study and adopted a resolution directing SFGH to continue planning for air medical access at the SFGH campus. The next phase of SFGH aeromedical access planning includes: conducting an environmental impact review (EIR), designing a medical helipad for an SFGH roof top location and obtaining the necessary permits for a SFGH medical helipad. The successful accomplishment of this goal requires the development and implementation of a

Phase II aeromedical access action plan, convening a Phase II team to implement the plan, hiring contractors to conduct the work (EIR, design, and permit), adherence to time specific objectives, and ensuring community outreach to neighborhoods, community groups and health care professionals.

Next Steps:

- Secure funding for Phase II of the SFGH Aeromedical Access Program (environmental impact review, helipad design, and SFGH helipad permit)
- Write a Request for Proposal (RFP) for the environmental impact review project bid
- Develop and implement a Phase II aeromedical access action plan to include: RFP process, design completion, permitting process, and community outreach.
- Assemble a Phase II team to implement the plan
- Complete the aeromedical access/medical helipad EIR by December 2004
- Complete the SFGH helipad design and permitting process by December 2004
- Conduct community outreach during the entire Phase II process to SFGH neighborhoods, community groups, health care professionals and other interested San Francisco community groups

4. COMPLETE PROGRAM DEVELOPMENT AND OPEN THE AVON FOUNDATION COMPREHENSIVE BREAST CENTER.

LEAD: ROLAND PICKENS

Breast cancer affects one out of eight women in the United States; women in low-income neighborhoods in San Francisco suffer an even higher rate. With an award of \$12.2 million from the Avon Foundation, SFGH has partnered with the University of California at San Francisco's Comprehensive Cancer Center and Cancer Research Institute, and the SFGH Foundation to implement the Avon Breast Cancer Project in San Francisco, with the goal of bringing the best breast care to the most vulnerable in the community. A significant portion of funds goes towards the construction of and equipment for the Avon Foundation Comprehensive Breast Center, a 4,000 square foot modular building being built on the SFGH campus. The Center will provide access to state-of-the-art digital mammography screening, expanded diagnostic services such as stereotactic core and ultrasound guided biopsies, multilingual patient education, and clinical research trials for the heterogeneous breast cancer community of patients in San Francisco. SFGH has already hired bilingual Patient Navigators to help patients move through the health care system, initiated culturally-focused breast cancer support groups, created multilingual patient education materials that are models for other Avon sites, put into use a mobile mammography van, and secured equipment to conduct stereotactic core biopsies in the radiology department. SFGH hopes to double its mammography screening capacity to 10,000 annually and contribute to advancements in breast cancer research for minority women. Program development will expand focus on cultural competence by establishing a community advisory board that is reflective of the San Francisco community and further develop patient education initiatives targeted at specific ethnic groups.

Next Steps:

- Open the Avon Foundation Comprehensive Breast Center in April, 2004
- Develop the program in coordination with DPH, the UCSF Comprehensive Cancer Center, and the community.

- Make a presentation to the Health Commission on DPH coordination of breast cancer services.

5. MAXIMIZE REVENUE THROUGH IMPROVED DOCUMENTATION AND CHARGE CAPTURE.
LEAD: VALERIE INOUE

Due to rising unemployment and fall-off of capital gains and stock options, the State faces a projected \$10 billion deficit this fiscal year. Given ongoing economic downturns and reductions in City General Funds, SFGH needs to take measures to identify new sources of revenue to minimize the reduction of services. To date, SFGH has implemented an Operating Room major trauma charge and is continuing efforts to identify late charges on inpatient accounts, improve ICD-9 coding on encounter forms and ancillary department requisitions, acquire UPIN/PIN numbers for all new providers to bill for services, roll out more Omnicells to ensure proper charging of supplies and develop a supply formulary, and eligibilizing patients for various programs.

Next Steps: Hire two revenue enhancement specialists and better utilize existing staff to support ongoing efforts to maximize revenue

6. IMPROVE ORGANIZATIONAL EFFECTIVENESS BY TRANSITIONING DPH TO A SINGLE INFORMATION SYSTEM SUPPORTING THE CONTINUUM OF CARE
LEAD: SHARON CALCAGNO

SFGH is undertaking major information systems projects needed to simplify clinical and diagnostic functions and comply with various state and federal laws as part of a DPH-wide strategic systems plan. In April 2003, the Health Commission approved a plan to transition to SOARIAN beginning in 2004. SOARIAN is a comprehensive, Internet-based suite of applications for patient registration, accounting, patient scheduling, clinical care plan documentation, clinical orders, and the Lifetime Clinical Record. This system will standardize IT systems across DPH institutions and adds the potential to integrate clinical and financial data. This product will allow SFGH to comply with Senate Bill 1875, which requires hospitals to implement a computerized provider order entry system (CPOE) by 2005 to reduce medication errors. SFGH will continue to perform essential upgrades to existing systems, replace obsolete workstations and move towards a filmless radiology department through a Picture Archiving Communications System (PACS). The PACS system will store electronic images thereby eliminating the lost film problem and the need to reprint films.

Next Steps:

- Identify Executive Staff Champions
- Assign key personnel to take leadership roles and commit resources
- Form a Project Steering Committee to oversee the implementation process
- Appoint project teams to install SOARIAN across SFGH, Primary Care, Jail Health Services and Laguna Honda Hospital
- Develop and finalize a project workplan
- Establish interdisciplinary clinical, financial and integration workgroups to design workflow models
- Evaluate impact of workflow changes and re-engineer operations to support new models
- Develop detailed training plans

- Develop a rollout plan for each system component
- Complete SOARIAN implementation across DPH by June 2005

7. IMPLEMENT CHANGES TO PLACE ALL PATIENTS AT THE APPROPRIATE LEVEL OF CARE WITHIN EMERGENCY SERVICES, ACUTE SERVICES, REHABILITATION FACILITIES, AND COMMUNITY TREATMENT FACILITIES.

LEAD: SHARON MCCOLE-WICHER

SFGH is the only hospital that provides trauma services and psychiatric emergency services in San Francisco, and has the largest acute inpatient and rehabilitation facilities for patients in the City. In 2001, SFGH began collaborating with community-based services to devise ways of placing patients at the appropriate level of care when acute hospitalization is no longer necessary. Staff were identified to conduct ongoing utilization review, coordinate discharge planning across facilities, and appropriately place patients in long-term care or community treatment facilities. FY 02-03 budget reductions placed a greater focus on the level of care provided at the Mental Health Rehabilitation Facility and the Department's lack of available beds to discharge patients needing a lower level of care.

Next Steps:

- A blue ribbon panel chaired by the Director of Health is scheduled to begin in September 2003 to discuss the future of the MHRF
- Continue looking at ways to decrease administrative and decertified days in acute behavioral health and Medical/Surgical units
- Maintain DPH-wide committees and the Bed Utilization Committee that address patient flow and ensure patients are placed at the most appropriate level of care
- Participate in supporting Targeted Case Management in collaboration with Laguna Honda Hospital and community programs
- Develop a shared database with Laguna Honda Hospital to facilitate patient transfers from Medical-Surgical units, with plans to expand to acute psychiatry and the MHRF

8. SFGH WILL CONTINUE TO MAINTAIN COMPLIANCE WITH JCAHO AND STATE LICENSING REQUIREMENTS AND WITH OTHER STATE AND NATIONAL QUALITY INITIATIVES.

LEAD: HIRO TOKUBO

SFGH aims to have its leadership and staff maintain a constant state of JCAHO readiness, and incorporate standards and regulatory changes into hospital and medical staff policies and procedures as soon as possible. In regards to JCAHO readiness, SFGH's survey preparation activities will be modified from previous experiences given JCAHO's launching of a new accreditation model in July 2005, which involves self-assessment of compliance and statements of correction by the 18th month of the triennial cycle, and a survey on the 36th month. The new model includes verifying compliance by reviewing open medical records and following the patient's care by talking to the providers who cared for him/her. Several state and national quality initiatives will impact SFGH's mission to improve cultural competence and reduce race and gender health care disparities. SFGH has participated in the past two Patient's Evaluation of Performance in California (PEP-C) patient satisfaction surveys for inpatient medical/surgical and childbirth patients. Conducted in English,

Chinese, and Spanish, it offers the potential for identifying how different ethnic populations evaluate their inpatient care. In the next year, the Center for Medicare and Medicaid Services (CMS) will be piloting a test questionnaire whose results will be accessible to the public to aid in selection of a hospital, as well as sponsoring a national Hospital Quality Information Initiative with other national organizations. SFGH will obtain and/or analyze data available that identify differences in responses between race/ethnicity and gender.

Next Steps:

- Prepare/respond to DHS site visits for dialysis and long term care facilities, and JCAHO visits for laboratory (November 2003) and the 2005 CALS/JCAHO survey
- Obtain/analyze information on quality and patient satisfaction broken down by race/ethnicity and gender
- Schedule either a JCAHO-required self-assessment or mock survey in early 2004 (to be determined by JCAHO)

9. SFGH WILL FOCUS ON RECRUITMENT EFFORTS AND STAFF MORALE AS A MEANS OF IMPROVING RETENTION AND DECREASING VACANCY RATES.

LEAD: SUE CURRIN, ROD AUYANG

It has been projected that there will be a 40% rate of retirement of City and County employees from 2000 to 2011. As of September 2002, the total rate of vacancies at SFGH was 12%, and based on 3rd quarter 2002 figures, the turnover rate was 8.7%. Shortages in key healthcare professions including registered nurses, pharmacists, respiratory therapists, and radiology technicians are challenging our recruitment efforts. Cost of living in the Bay Area and current pay scales will continue to be barriers to our ability to fill vacancies, including those of physicians. SFGH hopes to improve retention and decrease turnover and vacancy rates through improving staff morale, employee recognition, and exploring ways to expedite the hiring and requisition release process.

Next Steps: Identify and implement processes to improve rewards and recognition programs, recruitment processes, the requisition release process, and hiring process efficiencies to achieve a 3% reduction in vacancy rates by December 2004.

10. INCREASE SFGH OPERATIONAL EFFICIENCY

LEAD: GENE O'CONNELL

Given the uncertain nature of the 03-04 budget, it is imperative that SFGH devises a proactive process for preparing for future budget cuts and contingency plans with UCSF and the Department, as well as maximize the hospital's efficiency in delivering services to its patients. This includes forecasting and funding capital equipment needs, expediting the hiring and requisition process as stated in goal 9, maximizing revenue opportunities as stated in goal 5, and resolving identified operational problems at Administrative Operations and/or Executive Committee meetings.

Next Steps:

- Develop a master plan identifying the life span of existing equipment, particularly within Radiology and Nuclear Medicine, including costs of replacement and construction

- Examine operational efficiency needs between primary care, specialty clinics, and diagnostic services
- Discuss strategies on a regular basis for maximizing revenue in SFGH programs and changes in personnel processes at Administrative Operations and Executive Committee meetings
- Identify priority system changes that need to occur this fiscal year, and report back at Administrative Operations and Executive Committee meetings

PATIENT CARE SERVICES REPORT

Submitted to the JCC, August 20, 2003
Sue Currin, RN, MS, Chief Nursing Officer
San Francisco General Hospital

1. RN VACANCY RATE

The current overall RN vacancy rate is 11%. There are currently 20 RNs/LVNs in training programs. The vacancy rate by clinical area is as follows:

AREA	RN VACANCY RATE	# VACANT FTE	TRAINING PROGRAMS IN PROGRESS
Med/Surg (includes 4A/SNF unit)	8%	11.15	7/03-10 RNs
Critical Care/Stepdown	15%	21.4	8/03-5RNs, 1LVN
Perinatal	7%	4.8	8/03-1 RN
Perioperative	3%	3.3	6/03-3 RNs
Emergency	10% *	6.0	TP to start 10/03
Psychiatry	8% *	8.6	
MHRF	15%	3.0	
Hospital Based Clinics	10%	5.4	

*The vacancy rate for the ED and Psychiatry does NOT include the 21 FTEs needed to meet the 2004 required nurse-patient staffing ratios. The requisitions approved in the budget to meet the ratios will be available January 2004. SFGH will not be in compliance with the ratios until the 21 FTEs are hired and staff complete training programs. Currently, we are evaluating the feasibility of supplementing staffing with registry travelers and/or recruit/hire per diems to bridge this gap.

2. MHRF UPDATE

As of August 5, 2003, MHRF's census was 75 + 4 bed holds (patients in Acute Psychiatry or Med/Surg).

MHRF Patient Flow: The Admission/Discharge Coordinator attends daily bed-flow meetings to coordinate admissions planning with CMHS and Acute Psychiatry Staff. Dr. Yifang Qian, new MHRF Medical Director, has begun the training and orientation process. Dr. Qian will screen all potential MHRF admissions from Acute Psychiatry and other sources who may have severe suicidal and/or homicidal features to ensure patient and staff safety at the MHRF.

MHRF patient flow out of the MHRF to community based placements in CBHS are coordinated through the MHRF Social Services Department. Meetings with CBHS are held weekly and each MHRF resident's case is reviewed for progress toward discharge. MHRF's Director of Nurses, Department Managers, Social Workers, Unit Administrators, Admissions/Discharge Coordinator, as well as representatives from the Conservator's Office and Residential Care also attend.

Five members of the Board of Supervisors have now toured the MHRF – Supervisors Sophie Maxwell, Fiona Ma, Tom Ammiano, Aaron Peskin, and Jake McAldrick.

The MHRF Blue Ribbon Panel is scheduled to begin biweekly meetings on September 10, 2003. This expert group, chaired by Mitch Katz, is expected to provide the facility with new directions for the future.

3. EXPANSION OF ONCOLOGY SERVICE ON 4C

Outpatient oncology infusions were centralized in the 4C Clinic, July 1, 2003. The Clinic will be recruiting an Oncology Nurse Practitioner to assess all infusion patients, write needed medication orders and serve as a liaison between the oncology patients, their oncologists, 4C nursing staff and inpatient services.

4. UPDATE ON 4B

On September 2, 2003, Unit 4B will move under Medical-Surgical Nursing. Since it's inception, the unit – an intermediate/transitional care unit was under Critical Care Nursing. The changes in patient population, part transitional care and part medical-surgical (traumatic brain injury) has led to the change in organizational structure.

Lettie Miller has been appointed to the 4B Nurse Manager position effective September 2, 2003. She comes with 16 years of experience in acute care with emphasis on emergency/trauma care. She started working in San Francisco General Hospital's Emergency Department in 1992 and for the past 5 years, has been the Charge Nurse on the night shift. Ms. Miller will be a great addition to the nursing management team of the Medical-Surgical Division under Yuhum Digdigan. The first item on her agenda is to recruit nursing staff to fill her 33% vacancy rate and to foster a team environment to meet the challenges in 4B.

5. PAIN MANAGEMENT PILOT PROGRAM

The unit-based Pain Management Pilot Program is being launched with the purpose of ensuring that the patient's level of pain is closely monitored and controlled at the unit level under the direction and oversight of the Clinical Nurse Specialist (CNS) and the Nurse Manager (NM). The current practice requires that the Clinical Pharmacist on the Pain Consult Service provide this function. With the pilot program, the CNS/NM will provide the immediate consult function and only involve the Clinical Pharmacist in complex cases.

On August 12, 2003, Dr. Robert Brody and Ed Lor conducted a training session for the NM and CNS group from the pilot units. Emphasis was placed on assessments, types of pain, choice of medications, dosages, interaction, side effects and frequently encountered clinical dilemmas. Staff in the pilot units will be trained by the unit's NM and CNS. The pilot program will run from August 18, 2003 through September 19, 2003.

6. RESPIRATORY THERAPY DIRECTOR POSITION

Sabra Weiss was named Director of Respiratory Therapy on June 25. Sabra was selected from a large pool of highly qualified candidates from across the country. Sabra has over 20 years of experience in Respiratory Care at SFGHMC, as a staff therapist for many years, and most recently as the Supervisor on the night shift.

Sabra is working closely with the Nursing Department to enhance clinical services by evaluating the needs of our patient population. She reports clinically to Julin Tang, MD-Anesthesia and administratively to Mary Jo Webb, Nursing Director-Critical Care & Emergency Services.

7. TRAUMA

SFGHMC has hired a Trauma Program Manager and Trauma Nurse Educator. Patti O'Connor started August 4, as the Trauma Program Manager and Daniel Gerard started August 11 as the Trauma Educator. Both Ms. O'Connor and Mr. Gerard come to us with many years of trauma experience. Mr. Gerard will be an integral part of trauma education throughout the hospital and the community. Ms. O'Connor will focus her expertise on preparing SFGH for the ACS survey in 2004.

The Emergency Department now requires all RNs to be Trauma Nurse Core Course (TNCC) certified before assuming the care of 911 Traumas. The Clinical Nurse Specialist and ED Nurse Educator now offer TNCC classes monthly. Approximately 75% of the RN staff in the ED and Critical Care are now TNCC certified.

The ED has sent 6 staff RNs through the TNCC Instructor course in the past 3 months. The goal is to have enough instructors to offer the TNCC class to nurses throughout the hospital who care for the trauma patient.

John Fazio, RN, ED Clinical Nurse Specialist, will lecture at the Totally Trauma Conference, sponsored by the Trauma Education Consortium, on September 29 and 30, and lecture at the Annual Trauma Symposium on October 3, 2003. Over the past 6 months, John has taught pediatric trauma and trauma assessment classes for several SFGH training programs and annual reviews.

8. DOROTHY WASHINGTON SCHOLARSHIP GALA EVENT

SFGH Nursing Department is planning a Gala dinner as its first fundraising event to benefit the Dorothy Washington Scholarship Fund. This gala event will be held on Thursday, October 23, 2003 at the Mark Hopkins Intercontinental Hotel. We expect 250-300 guests to attend.

Dorothy was a beloved and well-respected night shift Nursing Supervisor who worked at SFGH for 30 years. She passed away last year following a brief year of bravely battling uterine cancer. To honor Dorothy's legacy of nursing leadership, this scholarship fund has been established to develop our future nurse leaders by providing scholarships for nurses seeking to advance their nursing education through baccalaureate and graduate education. Invitations will be mailed shortly to staff and prominent members of the San Francisco health care and civic communities.

9. DAISY AWARD

July's Daisy Award recipient (our third) was Francesca Cunningham, an RN from the Infant Care Center, Unit 6H. She was presented with this honor on Thursday, July 24, in the presence of her peers and colleagues along with the following accolades.

"Francesca Cunningham is a Registered Nurse who has worked in the area of Women's and Children's Health for the past 24 years. She is a graduate of Boston University and has been a NICU staff nurse at SFGH for the last 14 years. Francesca is described by her peers and manager as being a "natural born leader" and "a highly skilled nurse", having "excellent clinical skills". Francesca is considered to be a "resource, a mentor, and an educator" by her peers, as well as being a friend.

Francesca often volunteers to care for the sickest, most complicated babies in the nursery. She demonstrates a very caring, comforting attitude toward the babies and has a unique way of gaining the confidence and cooperation of some of the most challenging and not so trusting parents and family members. Francesca is a strong patient advocate. In addition to her outstanding clinical skills, Francesca's leadership has been evident in the multiple projects that she has volunteered for and been involved with. These include updating policies and procedures prior to the CALS survey, assuming interim nurse manager responsibilities on short notice and motivating other staff to participate in performance improvement activities. Francesca demonstrates her willingness to spend time beyond her required scheduled work hours. She took charge in the initial planning of the Mother-Baby Dyad Project, serving as the chairperson of the mother-baby workgroup.

Francesca has demonstrated the qualities of a great nurse manager; however, bedside nursing remains her passion. She finds rewards and gratification from watching her tiny patients "grow" and get better.

Among health care providers, one of the highest compliments that we give to each other is when we acknowledge our colleagues' skill by relating those skills to our own personal family. As one of the neonatologists from our staff expressed, "In any situation, I would trust Francesca to take care of my very own baby." Congratulations Francesca!!"

10. DIVERSIONS

Diversions have decreased over the past 6 months due in part to new strategies implemented through the Bed Utilization Committee and ED Executive Committee:

- Admitted patients go to the floor when a bed is assigned even if room is not cleaned
- ED attending writes floor orders if the admitting team cannot see patient in a timely fashion
- Implementation of Condition Red and Yellow – this is to alert all healthcare providers of critical bed shortages
- Clinic work-ups are completed at clinic if ED is impacted with patients. Clinic admissions are given top priority for inpatient beds rather than boarding in the ED. The Nursing Supervisor coordinates all clinic admissions.
- Change in diversion policy to 6 hour suspension if more than 4 hospitals on divert
- Close monitoring of ED diversion and reasons for diversion by ED Administration
- Zone 4 open 24 hours with physician and nurse practitioner coverage

**San Francisco General Hospital
DIVERSION REPORT
JUNE 2003**

Executive Summary

The Emergency Department [ED] recorded **35** episodes of diversion for **158.5** hours representing a rate of **22%** in **June 2003**. This is a **4.9%** decrease in diversion since **May 2003**.

The 35 episodes of diversion are categorized as follows:

Diversion Type	# Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	35	158.5	22%	4.9%
Trauma Override	10	42.8	6%	2.0%

The ED was impacted by capacity and high patient acuity during the **35** episodes of Total Diversion and Trauma Override. During this time, **236** patients were pending admission to inpatient beds [ICU-17, 4B/StepDown-76, MedSurg-143]. **In June 2002, the ED was on Total Diversion 26% of the month. Trauma Override was not invoked during the month in June 2002.**

Total Diversion was recorded for **35** episodes, a total of **158.5** hours or a **22%** rate for **June 2003**, and a **4.9%** decrease in Total Diversion since **May 2003**. While on Total Diversion the ED held **236** patients in **June 2003**. While on Total Diversion in **June 2002**, the ED held **187** patients awaiting inpatient beds.

Trauma Override was recorded for **10** episodes, a total of **42.8** hours or a **6%** rate for **June 2003**. This is a **2%** increase in Trauma Override since **May 2003**. While on Trauma Override the ED held **81** patients in **June 2003**. Trauma Override was not recorded in **June 2002**.

Trauma Override Summary

The Emergency Department recorded **10** episodes of Trauma Override for **42.8** hours, a percentage of **6%** for the month of June.

Date	Length	Summary of Event
06/02/03	1415-2130 (7h 15m)	911-0 912-3 910-0
06/02/03	2221-0535 (7h 14m)	911-0 912-7 910-1

06/04/03	2315-0210 (2h 55m)	911-1 912-1 910-0
06/11/03	1413-1750 (3h 37m)	911-2 912-2 910-1
06/17/03	1925-2300 (3h 35m)	911-1 912-1 910-1
06/23/03	1530-1630 (1h)	911-0 912-6 910-0
06/23/03	1735-2000 (2h 25m)	911-0 912-4 910-0
06/25/03	1940-0237 (6h 57m)	911-3 912-2 910-0
06/26/03	1547-1715 (1h 28m)	911-1 912-3 910-0
06/26/03	1810-0030 (6h 20m)	911-0 912-2 910-1

DEFINITIONS:

SFGH internal trauma activation:

The trauma override summary explains trauma patients in the emergency department as 911, 912, 910 and 999. A 911 is a critical trauma patient. A 912 is a potentially critical trauma patient. A 910 is a critical pediatric patient. Finally, a 999 is a multiple casualty incident involving 3 or more critical trauma patient.

EMSS definitions:

Total Diversion:

When a receiving hospital Emergency Department determines, through pre-established criteria, that the Emergency Department is unable to provide care to additional ambulance patients AND communicates this change in status to the SFFD Comm. Center.

Trauma Override:

When SFGH continues Total diversion during a period of Total diversion suspension. During Trauma Override, SFGH shall continue the diversion of medical patients, {or all non-trauma and other Special care patients if on total diversion} while continuing to accept patients meeting trauma center destination and specialty care criteria.

The following three conditions must be met:

1. The critical care bed capacity at SFGH is two or less beds.
2. All SFGH internal diversion strategies have been exhausted
3. There is at least one trauma patient in the process of evaluation/ treatment in the SFGH trauma care system.

Prepared by: **Sharon Kennedy R.N.**
 Base Hospital Coordinator
 Erthemese Elias
 Base Hospital Assistant

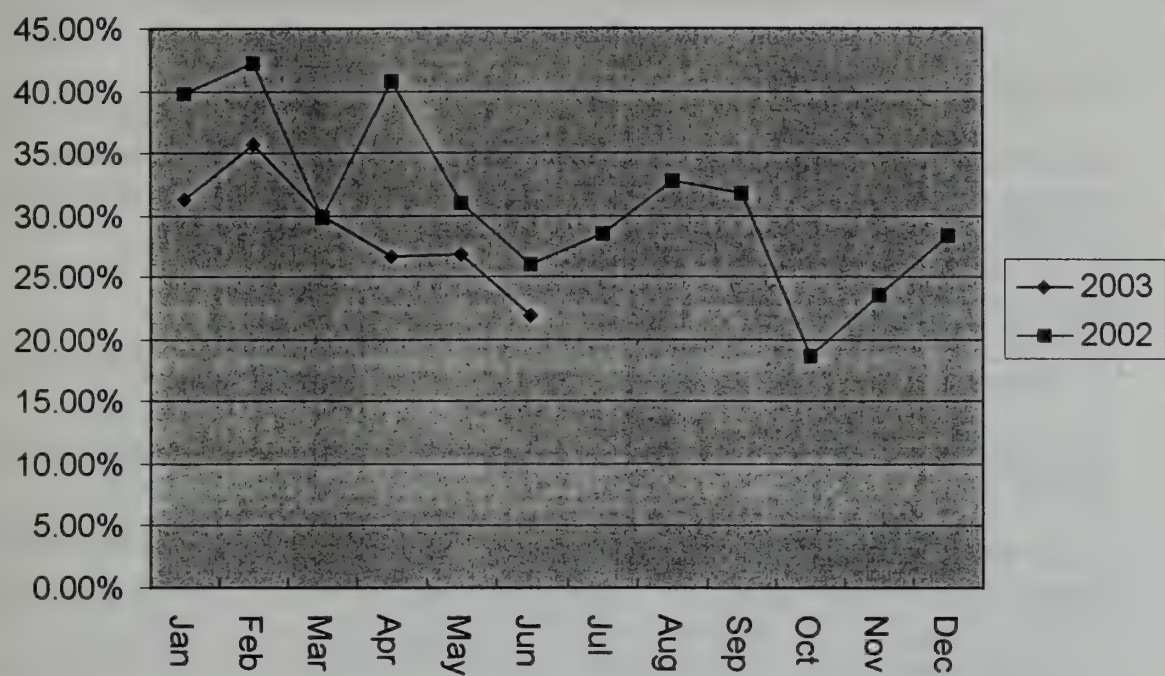
**San Francisco General Hospital
Emergency Department
June 2003
Total Diversion Summary**

In June, the Emergency Department recorded 35 episodes of Total Diversion for 158.5 hours, a percentage of 22% for the month.

Date	Length	Summary of Event
06/01/03	2030-0303 (6h 33m)	34 patients in the ED Admits: 2-ICU ED waiting room: 9 urgent patients
06/02/03	1217-0535 (17h 18m)	35 patients in the ED Admits: 3-4B; 6-Floor ED waiting room: 11 urgent patients
06/04/03	0710-0910 (2h)	29 patients in the ED Admits: 1-ICU; 2-4B; 7-Floor ED waiting room: 4 urgent patients
06/04/03	1040-1840 (8h)	33 patients in the ED Admits: 1-ICU; 3-4B; 11-Floor ED waiting room: 6 urgent patients
06/04/03	2250-0210 (3h 20m)	40 patients in the ED Admits: 3-4B; 3-Floor ED waiting room: 14 urgent patients
06/05/03	1840-2250 (4h 10m)	32 patients in the ED Admits: 1-ICU; 6-Floor ED waiting room: 4 urgent patients
06/06/03	1455-1727 (2h 32m)	44 patients in the ED Admits: 1-ICU; 2-4B; 2-Floor ED waiting room: 10 urgent patients
06/07/03	1155-1305 (1h 10m)	35 patients in the ED Admits: 1-ICU; 2-4B; 1-Floor ED waiting room: 3 urgent patients
06/08/03	2210-0020 (2h 10m)	36 patients in the ED Admits: 7-Floor ED waiting room: 2 urgent patients
06/09/03	1655-1720 (25m)	34 patients in the ED Admits: 1-ICU; 3-4B; 1-Floor ED waiting room: 6 urgent patients
06/09/03	2020-0010 (3h 50m)	35 patients in the ED Admits: 2-4B; 4-Floor ED waiting room: 10 urgent patients
06/10/03	1930-2100 (1h 30m)	37 patients in the ED Admits: 1-4B; 5-Floor ED waiting room: 7 urgent patients
06/11/03	1250-1750 (5h)	38 patients in the ED Admits: 1-ICU; 3-4B ED waiting room: 12 urgent patients
06/12/03	1820-2005 (1h 45m)	38 patients in the ED Admits: 1-4B; 5-Floor ED waiting room: 10 urgent patients
06/13/03	1820-0100 (6h 40m)	36 patients in the ED Admits: 1-ICU; 3-4B; 5-Floor ED waiting room: 6 urgent patients
06/15/03	0310-0530 (2h 20m)	40 patients in the ED Admits: 2-4B ED waiting room: 12 urgent patients
06/15/03	2150-0545 (7h 55m)	32 patients in the ED Admits: 1-Floor ED waiting room: 5 urgent patients

06/16/03	1118-2045 (9h 27m)	34 patients in the ED Admits: 4-4B ED waiting room: 5 urgent patients
06/16/03	2145-0110 (3h 25m)	34 patients in the ED Admits: 7-4B; 3-Floor ED waiting room: 5 urgent patients
06/17/03	1635-0320 (10h 45m)	34 patients in the ED Admits: 2-ICU; 2-4B; 2-Floor ED waiting room: 10 urgent patients
06/18/03	1520-1930 (4h 10m)	39 patients in the ED Admits: 5-Floor ED waiting room: 8 urgent patients
06/19/03	1950-2220 (2h 30m)	38 patients in the ED Admits: 3-4B; 7-Floor ED waiting room: 4 urgent patients
06/19/03	2324-0440 (5h 16m)	38 patients in the ED Admits: 1-4B; 9-Floor ED waiting room: 6 urgent patients
06/22/03	0250-0650 (4h)	31 patients in the ED Admits: 1-Floor ED waiting room: 12 urgent patients
06/22/03	2210-2340 (1h 39m)	38 patients in the ED Admits: 3-4B; 1-Floor ED waiting room: 4 urgent patients
06/23/03	1228-1630 (4h 2m)	33 patients in the ED Admits: 1-ICU; 3-4B; 1-Floor ED waiting room: 4 urgent patients
06/23/03	1735-2005 (2h 30m)	40 patients in the ED Admits: 3-4B; 4-Floor ED waiting room: 10 urgent patients
06/24/03	0045-0210 (1h 25m)	38 patients in the ED Admits: 1-ICU; 1-4B; 5-Floor ED waiting room: 6 urgent patients
06/24/03	1820-1945 (1h 25m)	36 patients in the ED Admits: 1-ICU; 1-4B; 3-Floor ED waiting room: 8 urgent patients
06/25/03	1715-0237 (9h 22m)	39 patients in the ED Admits: 1-ICU; 3-4B; 4-Floor ED waiting room: 7 urgent patients
06/26/03	0437-0630 (1h 53m)	36 patients in the ED Admits: 3-4B; 7-Floor ED waiting room: 15 urgent patients
06/26/03	1532-0030 (8h 58m)	45 patients in the ED Admits: 4-4B; 6-Floor ED waiting room: 16 urgent patients
06/28/03	1600-2110 (5h 10m)	38 patients in the ED Admits: 2-4B; 10-Floor ED waiting room: 7 urgent patients
06/30/03	1150-1310 (1h 20m)	37 patients in the ED Admits: 1-ICU; 1-4B; 3-Floor ED waiting room: 5 urgent patients
06/30/03	1935-0007 (4h 32m)	37 patients in the ED Admits: 5-4B; 8-Floor ED waiting room: 7 urgent patients

SFGH ED DIVERSION RATE 2002, 2003



**San Francisco General Hospital
DIVERSION REPORT
JULY 2003**

Executive Summary

The Emergency Department [ED] recorded **46** episodes of diversion for **156** hours representing a rate of **21.0%** in **July 2003**. This is a **1.0%** decrease in diversion since **June 2003**.

The 46 episodes of diversion are categorized as follows:

Diversion Type	# Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	46	156	21.0%	1.0%
Trauma Override	4	15.6	2.1%	3.9%

The ED was impacted by capacity and high patient acuity during the **46** episodes of Total Diversion and Trauma Override. During this time, **274** patients were pending admission to inpatient beds [ICU-17, 4B/StepDown-109, MedSurg-148]. **In July 2002, the ED was on Total Diversion 28.5% of the month. Trauma Override was invoked 1.5% of the month in July 2002.**

Total Diversion was recorded for **46** episodes, a total of **156** hours or a **21%** rate for **July 2003**, and a **1.0%** decrease in Total Diversion since **June 2003**. While on Total Diversion the ED held **274** patients in **July 2003**. While on Total Diversion in **July 2002**, the ED held **257** patients awaiting inpatient beds.

Trauma Override was recorded for **4** episodes, a total of **15.6** hours or a **2.1%** rate for **July 2003**. This is a **3.9%** decrease in Trauma Override since **June 2003**. While on Trauma Override the ED held **42** patients awaiting inpatient beds. While on Trauma Override in **July 2002**, the ED held **42** patients awaiting inpatient beds.

Trauma Override Summary

The Emergency Department recorded **4** episodes of Trauma Override for **15.6** hours, a percentage of **2.1%** for the month of July.

Date	Length	Summary of Event
07/02/03	2030-2100 (30m)	911-1 912-1 910-0
07/07/03	1802-2020 (2h 18m)	911-0 912-7 910-0
07/14/03	1521-2110 (5h 49m)	911-1 912-0

		910-0
07/16/03	2205-0403 (6h 58m)	911-2 912-1 910-0

DEFINITIONS:

SFGH internal trauma activation:

The trauma override summary explains trauma patients in the emergency department as 911, 912, 910 and 999. A 911 is a critical trauma patient. A 912 is a potentially critical trauma patient. A 910 is a critical pediatric patient. Finally, a 999 is a multiple casualty incident involving 3 or more critical trauma patient.

EMSS definitions:

Total Diversion:

When a receiving hospital Emergency Department determines, through pre-established criteria, that the Emergency Department is unable to provide care to additional ambulance patients AND communicates this change in status to the SFFD Comm. Center.

Trauma Override:

When SFGH continues Total diversion during a period of Total diversion suspension. During Trauma Override, SFGH shall continue the diversion of medical patients, {or all non-trauma and other Special care patients if on total diversion} while continuing to accept patients meeting trauma center destination and specialty care criteria.

The following three conditions must be met:

4. The critical care bed capacity at SFGH is two or less beds.
5. All SFGH internal diversion strategies have been exhausted
6. There is at least one trauma patient in the process of evaluation/ treatment in the SFGH trauma care system.

Prepared by: **Sharon Kennedy R.N.**
Base Hospital Coordinator
Erthemese Elias
Base Hospital Assistant

**San Francisco General Hospital
Emergency Department
July 2003
Total Diversion Summary**

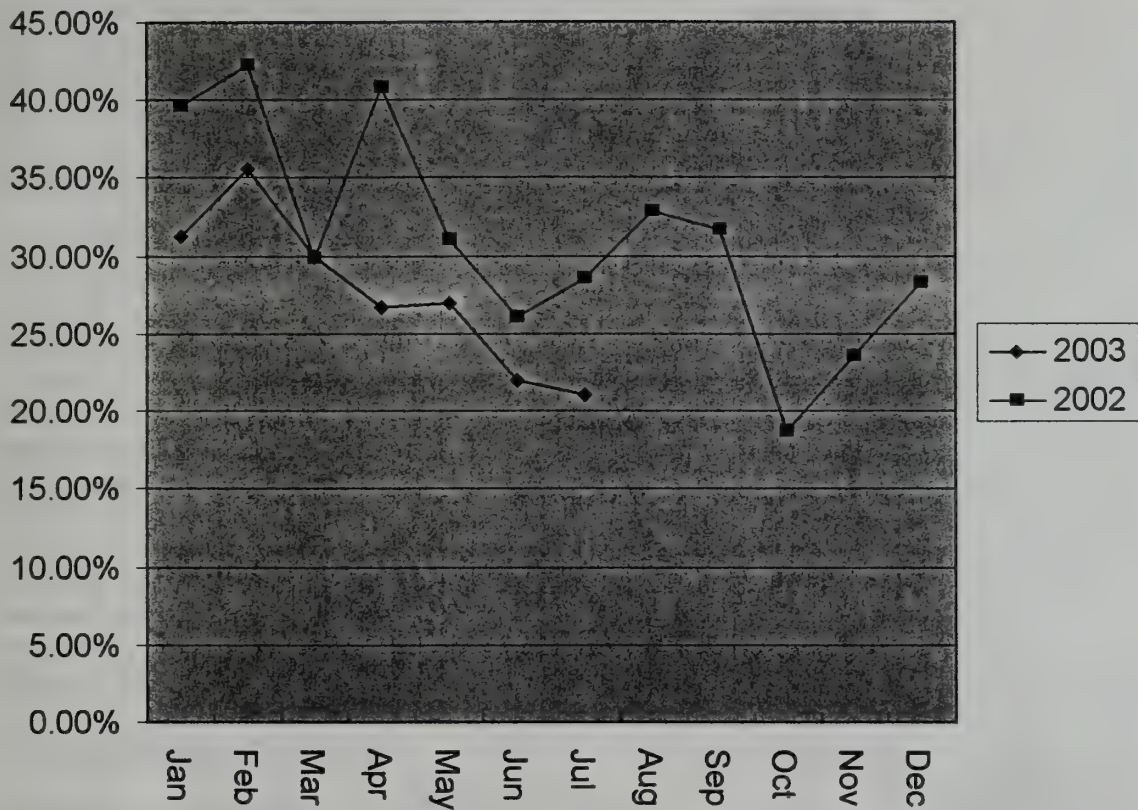
In July, the Emergency Department recorded **46** episodes of Total Diversion for **156** hours, a percentage of **21%** for the month.

Date	Length	Summary of Event
07/01/03	0934-1158 (2h 24m)	32 patients in the ED Admits: 2-ICU; 5-4B; 1-Floor ED waiting room: 5 urgent patients
07/02/03	1330-0250 (13h 20m)	32 patients in the ED Admits: 2-ICU; 2-Floor ED waiting room: 4 urgent patients
07/04/03	2015-0127 (5h 12m)	42 patients in the ED Admits: 3-4B; 4-Floor ED waiting room: 15 urgent patients
07/05/03	1415-1845 (4h 30m)	34 patients in the ED Admits: 1-ICU; 1-4B; 1-Floor ED waiting room: 6 urgent patients
07/06/03	0745-0840 (52m)	37 patients in the ED Admits: 3-4B; 4-Floor ED waiting room: 2 urgent patients
07/06/03	1445-0325 (12h 40m)	40 patients in the ED Admits: 1-4B; 2-Floor ED waiting room: 10 urgent patients
07/07/03	1242-0552 (17h 10m)	42 patients in the ED Admits: 4-4B; 3-Floor ED waiting room: 10 urgent patients
07/08/03	0850-1300 (4h 10m)	36 patients in the ED Admits: 5-4B; 10-Floor ED waiting room: 5 urgent patients
07/08/03	2115-0430 (7h 15m)	38 patients in the ED Admits: 3-4B; 7-Floor ED waiting room: 10 urgent patients
07/09/03	1535-1900 (3h 25m)	37 patients in the ED Admits: 2-ICU; 1-4B; 5-Floor ED waiting room: 10 urgent patients
07/09/03	2250-0410 (5h 20m)	32 patients in the ED Admits: 2-4B; 4-Floor ED waiting room: 14 urgent patients
07/10/03	1645-2055 (4h 10m)	37 patients in the ED Admits: 1-ICU; 2-4B; 4-Floor ED waiting room: 12 urgent patients
07/11/03	1710-2010 (3h)	37 patients in the ED Admits: 1-ICU; 2-4B; 2-Floor ED waiting room: 8 urgent patients
07/11/03	2230-0115 (2h 45m)	35 patients in the ED Admits: 1-4B; 4-Floor ED waiting room: 4 urgent patients
07/12/03	0309-0630 (3h 21m)	35 patients in the ED Admits: 1-4B; 6-Floor ED waiting room: 4 urgent patients
07/12/03	1740-1910 (1h 30m)	38 patients in the ED Admits: 2-4B; 3-Floor ED waiting room: 8 urgent patients
07/13/03	0205-0440 (2h 35m)	37 patients in the ED Admits: 1-4B; 3-Floor ED waiting room: 8 urgent patients
07/13/03	2140-0010	36 patients in the ED Admits: 2-Floor

07/13/03	2140-0010 (2h 30m)	36 patients in the ED Admits: 2-Floor ED waiting room: 2 urgent patients
07/14/03	0815-0937 (1h 22m)	36 patients in the ED Admits: 1-4B; 1-Floor ED waiting room: 2 urgent patients
07/14/03	1259-2110 (8h 11m)	38 patients in the ED Admits: 1-ICU 2-4B; 1-Floor ED waiting room: 10 urgent patients
07/14/03	2350-0220 (2h 30m)	38 patients in the ED Admits: 1-ICU; 6-4B ED waiting room: 7 urgent patients
07/15/03	1700-1955 (2h 55m)	37 patients in the ED Admits: 2-4B ED waiting room: 7 urgent patients
07/15/03	2130-0206 (4h 36m)	38 patients in the ED Admits: 2-4B; 3-Floor ED waiting room: 6 urgent patients
07/16/03	2023-0403 (7h 40m)	40 minutes in the ED Admits: 3-4B; 5-Floor ED waiting room: 4 urgent patients
07/17/03	1137-1357 (2h 20m)	36 patients in the ED Admits: 1-ICU; 3-4B ED waiting room: 5 urgent patients
07/17/03	1710-2010 (3h)	37 patients in the ED Admits: 1-ICU; 2-4B; 2-Floor ED waiting room: 8 urgent patients
07/17/03	2300-0125 (2h 25m)	32 patients in the ED Admits: 1-4B; 3-Floor ED waiting room: 10 urgent patients
07/18/03	0158-0540 (3h 42m)	36 patients in the ED Admits: 2-4B; 1-Floor ED waiting room: 10 urgent patients
07/18/03	1550-0850 (17h)	38 patients in the ED Admits: 1-4B; 3-Floor ED waiting room: 20 urgent patients
07/19/03	2210-0156 (3h 46m)	33 patients in the ED Admits: 1-ICU; 3-4B ED waiting room: 7 urgent patients
07/20/03	2030-0020 (3h 50m)	37 patients in the ED Admits: 2-4B; 3-Floor ED waiting room: 10 urgent patients
07/21/03	2050-0055 (4h 5m)	36 patients in the ED Admits: 4-4B; 4-Floor ED waiting room: 10 urgent patients
07/22/03	1247-1635 (3h 48m)	34 patients in the ED Admits: 2-ICU; 4-4B; 2-Floor ED waiting room: 0 urgent patients (<i>confirmed by ANM/Charge Nurse Kennedy</i>)
07/22/03	2235-0115 (2h 40m)	38 patients in the ED Admits: 4-4B; 6-Floor ED waiting room: 6 urgent patients
07/23/03	1525-0110 (9h 45m)	40 patients in the ED Admits: 2-ICU; 3-4B; 4-Floor ED waiting room: 4 urgent patients
07/24/03	1405-0005 (10h)	36 patients in the ED Admits: 1-4B; 4-Floor ED waiting room: 5 urgent patients
07/25/03	1610-2156 (5h 46m)	35 patients in the ED Admits: 2-4B; 5-Floor ED waiting room: 0 urgent patients (<i>confirmed by Charge Nurse Chavez</i>)
07/26/03	0025-0400 (3h 35m)	38 patients in the ED Admits: 5-4B; 5-Floor ED waiting room: 16 urgent patients
07/27/03	0400-0545 (1h 45m)	42 patients in the ED Admits: 1-4B; 3-Floor ED waiting room: 12 urgent patients

07/27/03	2110-2255 (1h 45m)	35 patients in the ED Admits: 2-4B; 2-Floor ED waiting room: 4 urgent patients
07/28/03	1058-1432 (3h 35m)	32 patients in the ED Admits: 2-4B; 9-Floor ED waiting room: 5 urgent patients
07/28/03	1500-0040 (9h 40m)	36 patients in the ED Admits: 5-4B; 8-Floor ED waiting room: 12 urgent patients
07/29/03	1412-1445 (33m)	33 patients in the ED Admits: 1-4B; 5-Floor ED waiting room: 6 urgent patients
07/29/03	1700-0045 (7h 45m)	36 patients in the ED Admits: 1-4B ED waiting room: 15 urgent patients
07/30/03	1435-2106 (6h 31m)	31 patients in the ED Admits: 2-4B; 2-Floor ED waiting room: 8 urgent patients
07/31/03	1415-0111 (10h 56m)	35 patients in the ED Admits: 7-4B; 2-Floor ED waiting room: 16 urgent patients

SFGH ED DIVERSION RATE 2002, 2003



SAN FRANCISCO GENERAL HOSPITAL

FY 03/04 BUDGETED STATEMENT OF REVENUE AND EXPENSES

Health Commission Report Format

	FY 03/04
	Phase C Budget
	(Revised)
NET PATIENT SERVICE REVENUE:	
Medi-Cal Revenue	\$ 58,599,068
Medicare Revenue	\$ 50,818,604
Other Patient Revenue	\$ 62,277,563
Provision for Bad Debt	\$ (23,900,000)
<u>TOTAL NET PATIENT SERVICE REVENUE</u>	<u>\$ 147,795,235</u>
OTHER OPERATING REVENUE:	
Short Doyle Medi-Cal	\$ 5,215,436
MAA/TCM	\$ 4,000,000
SB855	\$ 127,897,000
SB1255	\$ 22,900,375
GME	\$ 1,300,000
Capitation/Managed Care Settlement	\$ 17,609,320
State Realignment	\$ 61,114,000
Prop 99 AB75	\$ 2,686,000
Fees/Cafeteria/Misc (includes lease income)	\$ 2,691,418
Workorder Recovery	\$ 11,052,228
Transfer In and Project-Related	\$ 2,222,576
Carryforward	\$ 1,500,000
<u>TOTAL OTHER OPERATING REVENUE</u>	<u>\$ 260,188,353</u>
<u>TOTAL OPERATING REVENUE</u>	<u>\$ 407,983,588</u>
OPERATING EXPENSES:	
Personnel Services	\$ 175,318,751
Mandatory Fringe Benefits	\$ 42,783,817
Non-personal Services	\$ 97,034,616
Materials and Supplies	\$ 45,787,280
Facilities Maintenance & Capital Outlay	\$ 2,895,512
Services of Other Departments (requesting work orders)	\$ 24,354,457
Operating Transfer Out	\$ 98,224,658
Intrafund Transfer	\$ 2,222,576
Projects	\$ 23,000
<u>TOTAL OPERATING EXPENSES</u>	<u>\$ 488,644,667</u>
OPERATING INCOME/(LOSS)	\$ (80,661,079)
NON-OPERATING REVENUE:	
General Fund	\$ 80,661,079 **
<u>TOTAL NON-OPERATING REVENUE</u>	<u>\$ 80,661,079</u>
NET INCOME/(LOSS)	\$

San Francisco General Hospital
Major Program Changes from FY '03 Budget to FY '04 Budget

	<u>Revenues</u>	<u>Expenses</u>
Healthy Worker Program	4,012,522	3,524,391
Adjusted Pharmacy Model (DPH wide)	573,000	1,798,563
Dialysis	2,786,826	3,244,384
Nurse Staffing Ratios	-	966,250
CPOE and Other IS Projects (DPH wide)	-	189,814
Expansion of Adult Urgent Care Center	501,494	495,785
Expansion of Workers Comp Services	130,528	100,000
Orthopedic Trauma	500,000	500,000
Financial Services Revenue Enhancement	1,000,000	185,885
4C Revenue Enhancement	835,714	45,714
Change in O/P Prescription Benefits	-	(950,000)
Office of Managed Care	(1,130,000)	(1,989,848)
Energy Conservation	-	(200,388)
Omnicell Expansion	425,000	(101,000)
Phones and Pagers	-	(34,000)
Taxi Vouchers	-	(25,000)
Transfer CASARC	168,573	1,180,354

POSITIONS ADDED TO HIRING PLAN FOR FY 03/04

FTE	Job Class	Description	Added To	Initiative
1.00	2406	Pharmacy Helper	Pharmacy	A4 New Pharmacy Model
4.00	2409	Pharmacy Tech	Pharmacy	A4 New Pharmacy Model
1.00	2450	Pharmacist	Pharmacy	A4 New Pharmacy Model
3.25	2320	Registered Nurse	6B, 7A, 7B, 7C	B1 Nurse Ratio Law
7.25	2320	Registered Nurse	Emergency Dept	B1 Nurse Ratio Law
1.00	1052	IS Business Analyst	Information Svcs	B2 IS Initiatives
1.30	2230	Physician Specialist	Urgent Care	C1 Urgent Care Expansion
1.50	2328	Nurse Practitioner	Urgent Care	C1 Urgent Care Expansion
1.30	2320	Registered Nurse	Urgent Care	C1 Urgent Care Expansion
0.30	2430	MEA	Urgent Care	C1 Urgent Care Expansion
1.20	2903	Eligibility Worker	Urgent Care	C1 Urgent Care Expansion
0.75	1823	Sr Admin Analyst	Finance	E2 Fincl Svcs Rev Enhancmnt
1.00	1824	Prin Admin Analyst	Finance	E2 Fincl Svcs Rev Enhancmnt
2.00	7334	Stationary Engineer	Plant Services	F4 Energy Conservation
1.00	1952	Purchaser	Materials Mgmt	F5 Omnicell Expansion
2.00	2328	Nurse Practitioner	4C Infusion & ISIS	4C Revenue Enhancement
5.00	2328	Nurse Practitioner	Various	Provider Rev Enhancement

34.85

TOTAL POSITIONS ADDED

POSITIONS DELETED FROM HIRING PLAN FOR FY 03/04

FTE	Job Class Bgt (Util)	Description	Deleted From	Initiative
(0.50)	2576 (2140)	Hosp Admin Asst	MHRF	MHRF Reduction
(1.00)	2145	Hosp Administrator	MHRF	MHRF Reduction
(1.00)	2322	Head Nurse	MHRF	MHRF Reduction
(1.00)	1426	Sr Clerk Typist	Nursing Admin	F1 Admin & Support Reduction
(1.00)	1450	Exec Secretary I	Hospital Admin	F1 Admin & Support Reduction
(1.00)	2322	Head Nurse	Psych Admin	F1 Admin & Support Reduction
(1.00)	1446	Secretary II	Sterile Processing	F1 Admin & Support Reduction
(1.00)	1446	Secretary II	Med Staff Services	F1 Admin & Support Reduction
(1.00)	1446	Secretary II	Medical Records	F1 Admin & Support Reduction
(1.00)	2112 (2110)	Med Records Clerk	Quality Management	F1 Admin & Support Reduction
(1.00)	2119	Health Care Analyst	Quality Management	F1 Admin & Support Reduction
(1.00)	2402	Lab Helper	Clinical Lab	F1 Admin & Support Reduction
(1.00)	1630	Cashier	Accounting	F1 Admin & Support Reduction
(0.75)	2105	Pt Svcs Fincl Tech	Eligibility & O/P Reg	F1 Admin & Support Reduction
(3.00)	1636	Hospital Biller	Patient Accounting	F1 Admin & Support Reduction
(1.00)	2920 (1368)	Special Asst IX	CHN Admin	F2 DPH Admin Reductions
(0.20)	1424	Clerk Typist	Office of Mngd Care	F3 OMC Closure
(0.80)	1220 (1424)	Clerk Typist	Office of Mngd Care	F3 OMC Closure
(2.00)	2586 (1424)	Clerk Typist	Office of Mngd Care	F3 OMC Closure
(1.00)	1426	Sr Clerk Typist	Office of Mngd Care	F3 OMC Closure
(1.00)	2105 (1426)	Sr Clerk Typist	Office of Mngd Care	F3 OMC Closure
(1.00)	1452	Exec Secretary II	Office of Mngd Care	F3 OMC Closure
(1.00)	7346 (1632)	Sr Acct Clerk	Office of Mngd Care	F3 OMC Closure
(4.00)	1636	Hlth Care Billing Clrk II	Office of Mngd Care	F3 OMC Closure
(1.00)	1824	Prin Admin Analyst	Office of Mngd Care	F3 OMC Closure
(1.00)	2119	Hlth Care Analyst	Office of Mngd Care	F3 OMC Closure
(1.00)	2324 (2143)	Hosp Asst Administrator	Office of Mngd Care	F3 OMC Closure
(0.50)	2322 (2320)	Registered Nurse	Office of Mngd Care	F3 OMC Closure
(1.00)	1934	Storekeeper	Materials Mgmt	F5 Omnicell Expansion
(1.00)	2320	Registered Nurse	Unassigned, 4C NP sub	4C Revenue Enhancement
(1.00)	0922 (1820)	Jr Admin Analyst	Planning/Mgmt Svcs	PH Admin Reductions
(1.00)	1824	Prin Admin Analyst	Planning/Mgmt Svcs	PH Admin Reductions
(1.00)	2148	Sr Hosp Administrator	Hosp Admin	PH Admin Reductions
(1.00)	1426	Sr Clerk Typist	Bed Control	\$12M Contingency Reductions
(1.00)	1426	Sr Clerk Typist	Utilization Review	\$12M Contingency Reductions
(2.20)	1440	Medical Transcriber	Radiology	\$12M Contingency Reductions
(1.00)	2110	Med Records Clerk	Medical Records	\$12M Contingency Reductions
(1.00)	2324	Nursing Supervisor	Nursing Admin	\$12M Contingency Reductions
(1.00)	4321	Cashier II	Hospital Admin	\$12M Contingency Reductions
(1.00)	2322	Head Nurse	MHRF	Over \$90K Position Deletions
(1.00)	2450	Pharmacist	Pharmacy	Over \$90K Position Deletions
(6.00)	2312	LVN	Ozanam	Work Order Balancing
(1.00)	2320	Registered Nurse	Ozanam	Work Order Balancing
(0.29)	2328	Nurse Practitioner	Ozanam	Work Order Balancing
(1.00)	1654	Principal Accountant	Accounting	BOS Budget Analyst Reduction
(1.00)	1426	Sr Clerk Typist	Credit/Collection	BOS Budget Analyst Reduction
(0.10)	1406	Sr Clerk	Bed Control	BOS Budget Analyst Reduction
(1.00)	2105	Pt Svcs Fincl Tech	Employee Hlth Svcs	BOS Budget Analyst Reduction
(0.50)	2106	Med Staff Svcs Spec	Med Staff Services	BOS Budget Analyst Reduction
(1.00)	1426	Sr Clerk Typist	MHRF	BOS Budget Analyst Reduction
(0.50)	1220	Payroll Clerk	Payroll	BOS Budget Analyst Reduction

(58.34)

TOTAL DELETIONS

(57.34) FROM HIRING PLAN

(1.00) FROM UNASSIGNED

Attachment C

Page 4 of 5

POSITIONS TRANSFERRED TO AND FROM SFGH

<u>FTE</u>	<u>Job Class</u>	<u>Description</u>	<u>Transfer From</u>	<u>Transfer To</u>
<u>TRANSFERS OUT</u>				
(1.00)	2119	Hlth Care Analyst	CHN Admin	DPH CO Compliance
(1.00)	0931	Manager IV	CHN Admin	DPH CO Compliance
(1.00)	2140	Hosp Admin Asst	CHN Admin	DPH CO Compliance
(1.00)	1824	Prin Admin Analyst	CHN Admin	DPH CO Compliance

(4.00)

TRANSFERS IN

1.00	1424	Clerk Typist	CMHS CASARC	SFGH Psych - CASARC
1.00	1428	Sr Clerk Typist	CMHS CASARC	SFGH Psych - CASARC
0.28	2232	Sr Physician Spec	CMHS CASARC	SFGH Psych - CASARC
1.00	2920	Med Social Worker	CMHS CASARC	SFGH Psych - CASARC
3.00	2930	Psych Social Worker	CMHS CASARC	SFGH Psych - CASARC
0.50	2931	Mar, Fam & Child Cnslr	CMHS CASARC	SFGH Psych - CASARC
2.50	2320	Registered Nurse	CMHS CASARC	SFGH Psych - CASARC
1.00	2323	CNS	CMHS CASARC	SFGH Psych - CASARC
0.50	2328	Nurse Practitioner	CMHS CASARC	SFGH Psych - CASARC
1.48		Temp Misc & Nurse Temps	CMHS CASARC	SFGH Psych - CASARC
1.00	'2586	Hlth Worker II	PH&P BCCCP	Cancer Detection Prog - WHC

13.26

TRANSFERS TO WORK ORDER

(3.00)	1705	Dispatcher II	SFGH Security	Sheriff's Work Order
(7.50)	8202	Security Guard	SFGH Security	Sheriff's Work Order
(33.60)	8204	IP Officer	SFGH Security	Sheriff's Work Order
(5.00)	8205	IP Sergeant	SFGH Security	Sheriff's Work Order
(1.00)	8206	IP Captain	SFGH Security	Sheriff's Work Order

(50.10)

(40.84)

NET TOTAL POSITIONS TRANSFERRED

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: <http://www.dph.sf.ca.us>

AGENDA

DOCUMENTS DEPT.

SEP - 5 2003

SAN FRANCISCO
PUBLIC LIBRARY

JOINT CONFERENCE COMMITTEE **FOR** **SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING**

Tuesday, September 9, 2003
3:45 p.m. - 5:30 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

Commissioner Harrison Parker, Sr. DDS, Chair
Commissioner Lee Ann Monfredini

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF AUGUST 20, 2003**
**Minutes of August 20, 2003*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE REPORT**
(Sue Currin, RN, Chief Nursing Officer, SFGHMC)
**Report*

5) FOR DISCUSSION: FINANCE REPORT
(Valerie Inouye, CHN Chief Financial Officer)
**Report*

6) FOR DISCUSSION: SFGH REBUILD UPDATE
(John Kanaley, Senior Associate Administrator,
SFGHMC Support Services)
**Update*

7) PUBLIC COMMENT**

8) CLOSED SESSION

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session
- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: APPROVAL OF CLOSED SESSION
MINUTES OF AUGUST 20, 2003

FOR DISCUSSION MEDICAL STAFF REPORT
AND POSSIBLE Valerie Ng, M.D., Chief of Staff
ACTION:

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
Valerie Ng, M.D., Chief of Staff

FOR DISCUSSION: CONSIDERATION OF MEDICAL AUDIT,
QUALITY OF CARE, QUALITY ASSURANCE
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management

D) Reconvene in Open Session

- 1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

9) ADJOURNMENT

* Explanatory documents are available at the Joint Conference Committee, 101 Grove Street, Room #311.

- ** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

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CITY AND COUNTY OF SAN FRANCISCO
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Director of Health

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, September 9, 2003
3:45 p.m. - 5:30 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting was called to order by Commissioner Parker at 3:48 p.m.

Present: Commissioner Harrison Parker, Sr., DDS, Chair
Commissioner Lee Ann Monfredini

Staff: Sue Carlisle, M.D., Sue Currin, Rowena Esquieres, Myra Garcia, Valerie Inouye, John Kanaley, John Luce, M.D., Alison Moed, Kathy Murphy (City Attorney's Office), Renee Navarro, M.D., Valerie Ng M.D., Gene O'Connell, Hiro Tokubo, Carlos Villalva, Christine Wachsmuth.

Public: Peggy Allegra Chiang

2) APPROVAL OF MINUTES OF AUGUST 20, 2003

Action Taken: The Committee approved the minutes of the August 20, 2003 San Francisco General Hospital Joint Conference Committee meeting.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Executive Administrator, SFGHMC, gave a verbal report to the Committee. She and Dr. Katz are meeting with the community this evening to discuss the SFGH rebuild project. San Francisco General Hospital has accessed money for the helipad, and the RFP for the Environmental Impact Report will be issued.

4) PATIENT CARE REPORT

Sue Currin, RN, Chief Nursing Officer, SFGHMC, presented the Patient Care Services Report (Attachment A).

Commissioners' Comments

- Commissioner Parker asked if the volume has decreased in the Emergency Department. Ms. Currin replied that the volume has been fairly stable. Commissioner Parker asked where the 65-70 patients per day who are discharged go. Ms. Currin said that SFGH is working more efficiently with Laguna Honda on patient flow, and they have also been able to access community beds through Housing and Urban Health. But they still discharge homeless individuals to the street.
- Commissioner Monfredini commented that a lot of work is required to discharge 65-70 patients per day, in terms of getting the room ready for a new patient and finding a place for the discharged patients to go.

5) FINANCE REPORT

There was no Finance Report.

6) SFGH REBUILD UPDATE

John Kanaley, Senior Associate Administrator, SFGHMC Support Services, provided an update on the SFGH Rebuild planning process. The goal of this process is to present the two remaining rebuild options to the Commission, which will select one final concept for inclusion in the Institutional Master Plan. The two remaining concepts are to rebuild at the Potrero Campus (Concept A) and Rebuild at Mission Bay South (Concept C). Carlos Villalva reviewed concepts A and C, presented project cost estimates, and reviewed the pros and cons. The consultants recommend that the Commission and Department proceed with developing a bond proposal for Concept A, rebuilding at Potrero. Ms. O'Connell noted that the internal Steering Committee, at its meeting earlier in the day, voted to support Concept C. In addition, the Medical Executive Committee supports Concept C. There were people at the Steering Committee in support of rebuilding at Potrero.

Dr. Luce asked how much the land at the current site could be sold for. Mr. Villalva said the value is estimated at \$30 million, but pointed out that selling the land would be subject to a different decision-making process.

Commissioners' Comments

- Commissioner Monfredini asked if anyone from UC with decision-making authority attended the Steering Committee. Dr. Carlisle said that there are people on the Steering Committee who can influence the decision makers. Two factors will go into UC's decision. First, getting UC to commit to large amounts of money for research. And second, UC wants the land at Mission Bay and does not want the City or anyone else to purchase it.
- Commissioner Parker said a project of this magnitude would be difficult to sell to both the voters and the Board of Supervisors. It was difficult with Laguna Honda, and in that situation they had tobacco revenue to offset the cost.
- Commissioner Monfredini said she had hoped to move to the Health Commission with only one recommendation but understands the need to allow for full public input. Her preference is for Concept A because it can actually be implemented.
- Commissioner Parker is not willing to sell the existing land, regardless of where the rebuild ultimately happens. Questions he wants answered at the October 7th Commission hearing are: will Concept C allow the Department to meet the SB 1953 timeline; what is the availability of funds for both projects; and what are the benefits of paying more money for a project that provides comparable services.

7) PUBLIC COMMENT

None.

8) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session

Action Taken: The Committee voted to hold a closed session

The Committee went into closed session at 4:40 p.m. Present in closed session were Commissioner Parker, Commissioner Monfredini, Sue Currin, Myra Garcia, Valerie Inouye, Kathy Murphy (City Attorney's Office), Valerie Ng, M.D., Gene O'Connell, Hiro Tokubo, Christine Wachsmuth, John Luce, M.D., Renee Navarro, M.D., Alison Moed, John Kanaley and Sue Carlisle, M.D.

C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF AUGUST 20, 2003

Action Taken: The Committee approved the May 13, 2003 closed session minutes.

MEDICAL STAFF REPORT

Valerie Ng, M.D., Chief of Staff

CONSIDERATION OF CREDENTIALING MATTERS

Valerie Ng, M.D., Chief of Staff

Action Taken: The Committee approved the Credentials Report

CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE, QUALITY ASSURANCE

John Luce, M.D., Medical Director SFGH-QM

Hiroshi Tokubo, CHN Director, QM

Alison Moed, Director of Risk Management

D) Reconvene in Open Session

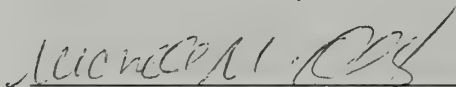
The Committee reconvened in open session at 4:59 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Committee voted not to disclose any discussion held in closed session.

9) **ADJOURNMENT**

The meeting was adjourned at 5:00 p.m.



Michele M. Olson

Executive Secretary to the Health Commission

Attachment (1)

PATIENT CARE SERVICES REPORT

Submitted to the JCC, September 2003
Sue Currin, RN, MS, Chief Nursing Officer
San Francisco General Hospital

TRANSPLANT DONOR NETWORK

Organ donation activity at SFGHMC has been very unpredictable of late. Technological advances, aggressive cutting edge therapies, advances in the paramedic field and a general society with high life span expectations have contributed to a decline in actual organ donor potential. It is also reasonable to speculate that the helmet laws, seatbelt laws and airbag technologies have also contributed to overall decline in the injuries previously witnessed in the potential donor patient population. In addition, the advanced practice model for the traumatically brain injured patient has increased overall survival rates while dramatically decreasing progression to brain death. (Note: SFGH does not currently participate in a non-heart beating donor program. This is now referred to as "donation after cardiac death.")

After successfully donating 16 times in 2000-2001, we saw our number decrease to 5 actual donors in 2002. The referrals for potential donation, which averaged sixteen per year over the two year period covering 2000-2001, fell to 8 in 2002.

The first two quarters of 2003 have our organ donation rate at 42.86%. Calendar year 2002 ended at 63%. Donation referral has been slow for the third quarter as well. Final third quarter statistics are pending.

Calendar years 2001/2002 saw 16/17 potential donors respectively. Actual donors for that two year period was 13. Our successful donation percentage for calendar year 2002 was 62.50%, compared to an overall bay area hospital rate of 55.9%.

DIVERSION REPORT – AUGUST 2003

Executive Summary

The Emergency Department [ED] recorded 43 episodes of diversion for 170 hours representing a rate of 22.8% in August 2003. This is a 1.8% increase in diversion since July 2003.

The 43 episodes of diversion are categorized as follows:

Diversion Type	# of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	43	170	22.8	1.8%
Trauma Override	7	26.7	3.6%	1.5%

The ED was impacted by capacity and high patient acuity during the 43 episodes of Total Diversion and Trauma Override. During this time, 295 patients were pending admission to inpatient beds [ICU-21, 4B/StepDown-84, MedSurg-190]. In August 2002, the ED was on Total Diversion 32.8% of the month. Trauma Override was invoked 2.3% of the month in August 2002.

Total Diversion was recorded for 43 episodes, a total of 170 hours or a 22.8% rate for August 2003, and a 1.8% increase in Total Diversion since July 2003. While on Total Diversion the ED held 294 patients in August 2003. While on Total Diversion in August 2002, the ED held 302 patients awaiting inpatient beds.

Trauma Override was recorded for 7 episodes, a total of 26.7 hours or a 3.6% rate for August 2003. This is a 1.5% increase in Trauma Override since July 2003. While on Trauma Override the ED held 46 patients in August 2003. While on Trauma Override in August 2002, the ED held 48 patients awaiting inpatient beds.

Trauma Override Summary

The Emergency Department recorded 7 episodes of Trauma Override for 26.7 hours, a percentage of 3.6% for the month of August.

Date	Length	Summary of Event
08/05/03	1547-1920 (3h 33m)	911/900-1 912-0 910-0
08/05/03	2120-2305 (1h 45m)	911 – 1 912 – 0 910 – 0
08/11/03	1611-0056 (8h 45m)	911 – 2 912 – 0 910 – 0
08/19/03	2054-2356 (3h 2m)	911-1 912-1 910-0
08/21/03	1652-1830 (4h 45m)	911-1 912-1 910-0
08/23/03	2222-2300 (38m)	911-0 912-4 910-0
08/28/03	2050-0130 (4h 20m)	911-2 912-4 910-0

DEFINITIONS:

SFGH internal trauma activation:

The trauma override summary explains trauma patients in the emergency department as 911, 912, 910 and 999. A 911 is a critical trauma patient. A 912 is a potentially critical trauma patient. A 910 is a critical pediatric patient. Finally, a 999 is a multiple casualty incident involving 3 or more critical trauma patient.

EMSS Definitions:

Total Diversion:

When a receiving hospital Emergency Department determines, through pre-established criteria, that the Emergency Department is unable to provide care to additional ambulance patients AND communicates this change in status to the SFFD Comm center.

Trauma Override:

When SFGH continues Total diversion during a period of Total diversion suspension. During Trauma Override, SFGH shall continue the diversion of medical patients, {or all non-trauma and other Special care patients if on total diversion} while continuing to accept patients meeting trauma center destination and specialty care criteria.

The following three conditions must be met:

1. The critical care bed capacity at SFGH is two or less beds.
2. All SFGH internal diversion strategies have been exhausted
3. There is at least one trauma patient in the process of evaluation/ treatment in the SFGH trauma care system.

Prepared by: *Sharon Kennedy R.N.*
Base Hospital Coordinator
Erhemese Elias
Base Hospital Assistant

San Francisco General Hospital
Emergency Department
August 2003

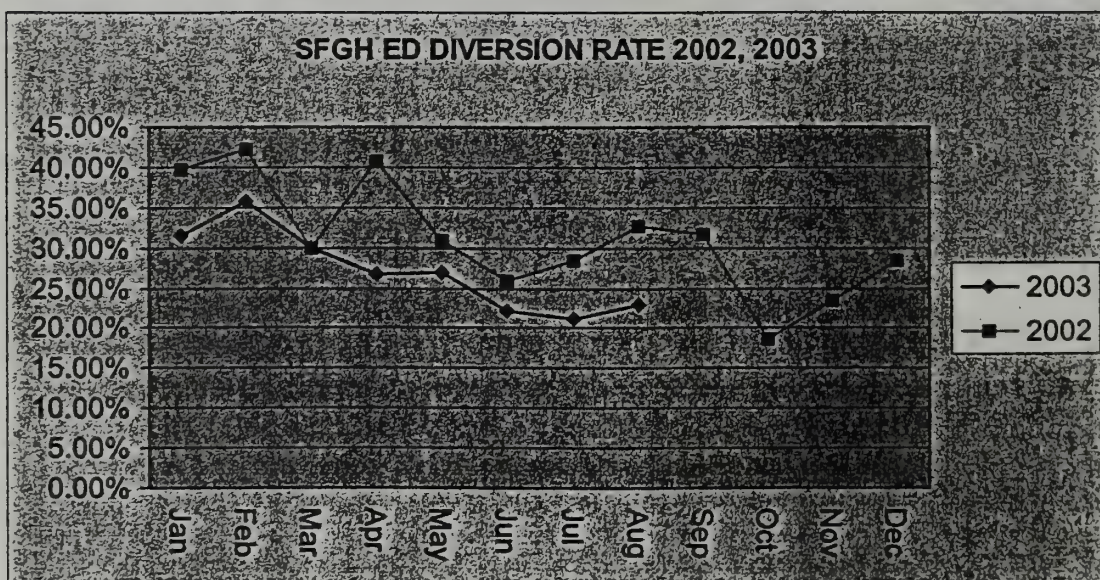
Total Diversion Summary

In August, the Emergency Department recorded **43** episodes of Total Diversion for **170** hours a percentage of **22.8%** for the month.

Date	Length	Summary of Event
08/01/03	0445-0719 (2h 34m)	34 patients in the ED Admits: 1-4B; 6-Floor ED waiting room: 10 urgent patients
08/01/03	2150-0105 (3h 15m)	39 patients in the ED Admits: 1-ICU; 3-4B; 4-Floor ED waiting room: 10 urgent patients
08/02/03	2115-0227 (5h 12m)	30 patients in the ED Admits: 2-4B; 6-Floor ED waiting room: 10 urgent patients
08/03/03	0640-0900 (2h 20m)	33 patients in the ED Admits: 3-4B; 2-Floor ED waiting room: 6 urgent patients
08/04/03	1410-1650 (2h 40m)	40 patients in the ED Admits: 4-4B; 3-Floor ED waiting room: 8 urgent patients
08/05/03	1528-0253 (11h 25m)	36 patients in the ED Admits: 1-ICU; 1-4B; 2-Floor ED waiting room: 6 urgent patients
08/06/03	1440-2230 (7h 50m)	38 patients in the ED Admits: 2-4B; 2-Floor ED waiting room: 11 urgent patients
08/07/03	1125-1253 (1h 28m)	37 patients in the ED Admits: 2-4B; 3-Floor ED waiting room: 13 urgent patients
08/07/03	1830-0455 (10h 25m)	39 patients in the ED Admits: 4-4B; 8-Floor ED waiting room: 7 urgent patients
08/08/03	1300-2342 (10h 42)	36 patients in the ED Admits: 4-4B; 2-Floor ED waiting room: 5 urgent patients
08/09/03	1400-2000 (6h)	34 patients in the ED Admits: 6-4B; 8-Floor ED waiting room: 4 urgent patients
08/10/03	1625-2200 (5h 35m)	38 patients in the ED Admits: 5-Floor ED waiting room: 7 urgent patients
08/11/03	0026-0425 (3h 51m)	32 patients in the ED Admits: 2-ICU; 3-4B; 4-Floor ED waiting room: 5 urgent patients
08/11/03	1136-0056 (13h 20m)	34 patients in the ED Admits: 2-4B; 5-Floor ED waiting room: 10 urgent patients
08/12/03	0800-2320 (15h 20m)	36 patients in the ED Admits: 1-ICU; 3-4B; 4-Floor ED waiting room: 6 urgent patients
08/13/03	1810-0215 (8h 5m)	38 patients in the ED Admits: 6-Floor ED waiting room: 0 urgent patients (<i>confirmed by Charge Nurse Hardie</i>)

08/14/03	2010-0115 (5h 5m)	36 patients in the ED Admits: 1-ICU; 1-4B; 3-Floor ED waiting room: 10 urgent patients
08/15/03	1130-1340 (2h 10m)	35 patients in the ED Admits: 1-4B; 4-Floor ED waiting room: 5 urgent patients
08/15/03	2237-0610 (7h 23m)	37 patients in the ED Admits: 3-4B; 6-Floor ED waiting room: 16 urgent patients
08/17/03	0030-0630 (6h)	37 patients in the ED Admits: 1-4B; 5-Floor ED waiting room: 10 urgent patients
08/17/03	2110-2315 (2h 5m)	35 patients in the ED Admits: 1-ICU; 5-Floor ED waiting room: 2 urgent patients
08/18/03	1537-2148 (6h 11m)	37 patients in the ED Admits: 1-ICU; 4-4B; 2-Floor ED waiting room: 20 urgent patients
08/19/03	1530-1820 (2h 50m)	38 patients in the ED Admits: 2-4B; 5-Floor ED waiting room: 6 urgent patients
08/19/03	2050-2356 (3h 6m)	41 patients in the ED Admits: 1-ICU; 2-4B; 5-Floor ED waiting room: 4 urgent patients
08/20/03	1910-0325 (8h 15m)	34 patients in the ED Admits: 1-ICU; 2-4B; 2-Floor ED waiting room: 10 urgent patients
08/21/03	1548-1840 (2h 52m)	27 patients in the ED Admits: 1-ICU; 2-4B; 5-Floor ED waiting room: 5 urgent patients
08/22/03	1605-0330 (11h 25m)	37 patients in the ED Admits: 2-4B; 11-Floor ED waiting room: 11 urgent patients
08/22/03	2450-0530 (4h 40m)	38 patients in the ED Admits: 1-4B; 5-Floor ED waiting room: 10 urgent patients
08/23/03	0420-1220 (8h)	35 patients in the ED Admits: 2-4B; 4-Floor ED waiting room: 10 urgent patients
08/23/03	1840-2258 (5h 40m)	40 patients in the ED Admits: 2-4B; 5-Floor ED waiting room: 4 urgent patients
08/24/03	0137-0630 (4h 53m)	37 patients in the ED Admits: 1-ICU; 1-4B; 5-Floor ED waiting room: 12 urgent patients
08/25/03	0035-0255 (2h 20m)	35 patients in the ED Admits: 1-4B; 4-Floor ED waiting room: 3 urgent patients
08/25/03	1302-1820 (5h 18m)	34 patients in the ED Admits: 1-4B; 1-Floor ED waiting room: 6 urgent patients
08/26/03	0012-0152 (1h 40m)	34 patients in the ED Admits: 1-ICU; 2-4B; 5-Floor ED waiting room: 17 urgent patients
08/26/03	1750-2150 (4h)	34 patients in the ED Admits: 1-ICU; 2-4B; 6-Floor ED waiting room: 10 urgent patients
08/27/03	1640-2045 (4h 5m)	37 patients in the ED Admits: 1-ICU; 3-Floor ED waiting room: 12 urgent patients
08/28/03	1730-0130 (8h)	35 patients in the ED Admits: 1-ICU; 3-4B; 5-Floor ED waiting room: 6 urgent patients
08/29/03	1442-1800	32 patients in the ED Admits: 7-4B; 2 floor

	(3h)	ED waiting room: 7 urgent patients
08/29/03	2100-2330 (1h 30m)	32 patients in the ED Admits: 3-4B; 3 floor ED waiting room: 3 urgent
08/30/03	1845-2150 (3h 5m)	35 patients in the ED Admits: 2-4B; 6 floor Ed waiting room: 8 urgent
08/31/03	2000-2327 (3h 30m)	31 patients in the Ed Admits: 2-ICU; 2-4B; 6 floor Ed waiting room: 9 urgent



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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, October 8, 2003*

3:45 p.m. - 5:30 p.m.

1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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****PLEASE NOTE THE DATE HAS BEEN CHANGED***

Commissioner Harrison Parker, Sr. DDS, Chair
Commissioner Lee Ann Monfredini

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF SEPTEMBER 9, 2003**
**Minutes of September 9, 2003*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, RN, Chief Nursing Officer, SFGHMC)
**Report*

- 5) **FOR DISCUSSION:** **SFGHMC 22002-2003 ANNUAL REPORT**
(Gene O'Connell, Executive Administrator, SFGHMC)
*Report

- 6) **PUBLIC COMMENT****

- 7) **CLOSED SESSION**

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session
- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES
OF SEPTEMBER 9, 2003**

**FOR DISCUSSION
AND POSSIBLE
ACTION:** **MEDICAL STAFF REPORT**
Valerie Ng, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Valerie Ng, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF MEDICAL AUDIT,
QUALITY OF CARE, QUALITY ASSURANCE**
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management

- D) Reconvene in Open Session
1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
 2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

- 8) **ADJOURNMENT**

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JOINT CONFERENCE COMMITTEE FOR

SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, November 12, 2003*

3:45 p.m. - 5:30 p.m.

1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

11-07-03A11:50 RCVD

***PLEASE NOTE THE DATE HAS BEEN CHANGED**

Commissioner Harrison Parker, Sr. DDS, Chair
Commissioner Lee Ann Monfredini

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF MINUTES OF OCTOBER 8, 2003
**Minutes of October 8, 2003*

3) FOR DISCUSSION: HOSPITAL ADMINISTRATOR'S REPORT
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*

4) FOR DISCUSSION: PATIENT CARE SERVICES REPORT
(Sue Currin, RN, Chief Nursing Officer, SFGHMC)
**Report*

- 5) FOR DISCUSSION: FINANCE REPORT
(Valerie Inouye, CFO, Community Health Network)
**Report*
- 6) FOR DISCUSSION: HOSPITAL PLAN FOR PROVISION OF CARE, PIPS, INPATIENT UTILIZATION, ENVIRONMENT OF CARE COMMITTEE, AND EMPLOYEE PERFORMANCE AND COMPETENCY REPORTS
- 7) PUBLIC COMMENT**
- 8) CLOSED SESSION
- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session
- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1
- ACTION ITEM: APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 8, 2003
- FOR DISCUSSION AND POSSIBLE ACTION: MEDICAL STAFF REPORT
Valerie Ng, M.D., Chief of Staff
- FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
Valerie Ng, M.D., Chief of Staff
- FOR DISCUSSION: CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE, QUALITY ASSURANCE
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management
- D) Reconvene in Open Session
1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
 2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)
- 9) ADJOURNMENT

- * Explanatory documents are available at the Joint Conference Committee, 101 Grove Street, Room #311.
- ** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett

Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail:
Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:

www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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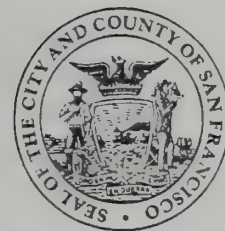
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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Department of Public Health



Mitchell H. Katz, M.D.
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Michele M. Olson
Executive Secretary

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, November 12, 2003

3:45 p.m. - 5:30 p.m.

1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

DOCUMENTS DEPT.

JAN - 8 2004

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1) CALL TO ORDER

The meeting was called to order by Commissioner Parker at 3:40 p.m.

Present: Commissioner Harrison Parker, Sr., DDS, Chair

Absent: Commissioner Lee Ann Monfredini

Staff: Rod Auyang, Sue Carlisle, M.D, Anne Chang, Sue Currin, Myra Garcia, Linda Henson, Valerie Inouye, John Luce, M.D., Alison Moed, Kathy Murphy (City Attorney's Office), Renee Navarro, M.D., Valerie Ng, M.D., Gene O'Connell, Hiro Tokubo

2) APPROVAL OF MINUTES OF OCTOBER 8, 2003

Action Taken: The Committee approved the minutes of the October 8, 2003 San Francisco General Hospital Joint Conference Committee meeting.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Executive Administrator, SFGHMC, presented the Hospital Administrator's Report.

Program Updates

American College of Surgeons Level I Trauma Center Site Survey

The SFGH Trauma Program has been notified by the ACS Office in Chicago, IL that its Trauma Center Level I Site Survey dates are now confirmed for Thursday, March 18 and Friday, March 19, 2004. The San Francisco Emergency Medical Services Section will be participating in this site survey in order to assure compliance with the *San Francisco Trauma Care System Plan* [2001]. A successful survey would result in a 3-year ACS verification of SFGH as a Level 1 Trauma Center and renewed designation by the EMS as the Trauma Center for the City and County of San Francisco. Dr. Robert Mackersie, SFGH Trauma Director, and Patti O'Connor, SFGH Trauma Program Manager, are leading the effort for the final four months of preparation toward a successful site survey.

SFGH Air Medical Access Planning

Work is underway for the next phase of air medical access planning as directed by the Health Commission in March 2003. This phase begins with the submission on November 7, 2003 of an environmental evaluation application to the Department of City Planning. City Planning will assign a Planner to the project and will make the determination of the type of environmental review that is necessary for a hospital based medical helipad. A request for qualifications (RFQ) is also being prepared to select a contractor in a competitive bid process to conduct the environmental review work as directed by City Planning. Additional work in progress includes creation of an Air Medical Access public web page which can be accessed from the DPH website or SFGH homepage, and development of a scope of work and plan for community outreach and legally required public notifications as part of the environmental review process.

Mental Health Rehabilitation Facility Blue Ribbon Committee Update

The MHRF Blue Ribbon Committee chaired by Director of Health Mitch Katz has been meeting twice monthly since September to discuss various options for programming and licensure for the future MHRF. In addition to looking at the existing MHRF program as a skilled nursing facility, the Committee is also looking at models throughout the Bay Area of residential care, residential treatment, and mental health rehabilitation centers. The Committee is currently exploring the possibility of providing more than one level of care within the same facility to better establish a continuum of care and address the demand for locked and unlocked beds in the City.

SFGH Exploring Partnership with Catholic Healthcare West

Under the direction of Director of Health Mitch Katz, SFGH is exploring the possibility of a partnership with Catholic Healthcare West, given similarities in mission and target populations. Some preliminary ideas have included working closely with the Sister Mary Philipa Clinic. Gene O'Connell and Dr. Katz will continue dialogue with Catholic Healthcare West at their next meeting on December 2.

SFGH Requests for UASI Funds Update

It has been projected that the Department of Public Health could receive approximately \$5M out of \$24M available to the City for Urban Area Security Initiatives (UASI) for the purpose of increasing

its preparedness in terrorist incidences. Currently, requests totaling \$90M from various departments have come into the City's committee, which determines allocation of these funds. Requests from SFGH include support for air medical access planning, light towers and monitors, stair chairs, and Level A suits.

EVENTS

On November 13, SFGH will be participating in a Statewide Health and Medical Disaster Exercise. SFGH will be conducting a tabletop exercise beginning at 4 p.m. and concluding at 8 p.m. that day. All hospitals in San Francisco will be participating at various levels. The scenario for this year is a bioterrorism event, which will test SFGH's surge capacity, isolation, and personal protective needs, and interaction with the Community Health Epidemiology branch of the Department of Public Health.

The 23rd annual SFGH Employee Recognition Banquet, "We Make a Difference," will be held in the Main Dining Room on Friday, November 14 from 5:30 to 9:30 p.m.

JCAHO will be conducting its biennial survey of Clinical Laboratory, Anatomic Pathology, and Nuclear Medicine from December 1-4.

STAFF NEWS

SFGH is in the process of relocating its Human Resources and Accounting Departments from Wards 13 and 15 to Community Health Network Headquarters, located on 2789 25th Street. The relocation is scheduled to be completed by December 1st.

Commissioners' Comments

- Commissioner Parker asked if the EIR for the helipad is for the current hospital location. Ms. O'Connell said it is for the current location, and planning for the helipad will proceed regardless of the rebuild. Commissioner Parker asked if the discussions with CHW pertain solely to clinical care. Ms. O'Connell said they are in the process of collecting data and she is not sure where the discussions will lead. However, she is optimistic and open minded.

4) PATIENT CARE SERVICES REPORT

Sue Currin, RN, Chief Nursing Officer, SFGHMC, presented the Patient Care Services Report (Attachment A). With regard to the RN vacancy rate, Ms. Currin said that SFGH will not be able to meet staffing ratios that take affect January 1, 2004. The main problem area is the Emergency Department. Other Bay Area hospitals will be able to meet the nursing standards.

Commissioners' Comments

- Commissioner Parker emphasized the need to develop alternatives to the current strategy. The pay differential between DPH and other hospitals is having a tremendous impact. Ms. Currin said that the recently negotiated contract did bring SFGH's pay scale up to U.C.'s level, but there are some key differences: SFGH does not have a signing bonus; and U.C. is an all-RN system, which is very attractive to RNs. Commissioner Parker asked if there is a plan to address this. Ms. Currin said that there are no plans to increase salaries further, given the budget. Ms. O'Connell said they did have a

plan but were unable to implement it due to the hiring freeze and the retirement giveback. Staff has to regroup.

5) **FINANCE REPORT**

Valerie Inouye, CFO, Community Health Network, presented the Finance Report (Attachment B). Ms. Inouye also distributed copies of a memo describing the newly revised patient billing statements and letters to patients with bill balances. The new statements have multilingual messages, in English, Spanish and Chinese. The statement also includes information specific to patients who are possibly eligible for an insurance program. Improvements to the letters include specific instructions for patients to contact the hospital to help identify a payer source.

6) **HOSPITAL PLAN FOR PROVISION OF CARE, PIPS, INPATIENT UTILIZATION, ENVIRONMENT OF CARE COMMITTEE, AND EMPLOYEE PERFORMANCE AND COMPETENCY REPORTS**

Hiro Tokubo presented changes to the Hospital Policies and Procedures (Matrix of Changes Attachment C) and Linda Henson presented the Environment of Care Report. Ms. Henson said staff did a survey that identified site vulnerabilities, such as entrance via tunnels, and addressed these issues. Rod Auyang presented the Employee Performance and Competency Report.

Commissioners' Comments

- Commissioner Parker asked how much money was required to address these vulnerabilities. Ms. Henson will get this information for Commissioner Parker through Ms. O'Connell.

7) **PUBLIC COMMENT**

None.

8) **CLOSED SESSION**

A) **Public Comments on All Matters Pertaining to the Closed Session**

None.

B) **Vote on Whether to Hold a Closed Session**

Action Taken: The Committee voted to hold a closed session

The Committee went into closed session at 4:35 p.m. Present in closed session were Commissioner Parker, Sue Carlisle, M.D., Anne Chang, Sue Currin, Myra Garcia, John Luce, M.D., Alison Moed, Kathy Murphy (City Attorney's Office), Renee Navarro, M.D., Valerie Ng, M.D., Gene O'Connell, Hiro Tokubo and Michele Olson

C) **Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1**

APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 8, 2003

Action Taken: The Committee approved the October 8, 2003 closed session minutes.

MEDICAL STAFF REPORT

Valerie Ng, M.D., Chief of Staff

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the November Credentials Report

CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE, QUALITY ASSURANCE

D) Reconvene in Open Session

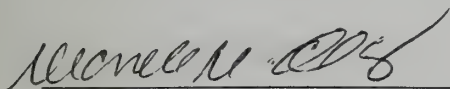
The Committee reconvened in open session at 5:02.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Committee voted not to disclose any discussion held in closed session.

9) ADJOURNMENT

The meeting was adjourned at 5:03 p.m.



Michele M. Olson

Executive Secretary to the Health Commission

Attachments (3)

PATIENT CARE SERVICES REPORT

Submitted to the JCC, November 2003
Sue Currin, RN, MS, Chief Nursing Officer
San Francisco General Hospital

1. VACANCY RATE

Overall, the number of RN vacancies and the RN vacancy rate have been steadily increasing over the last 5 reporting periods:

11/19/02	7% overall RN vacancy	(39.40 FTE)
1/7/03	7.24% overall RN vacancy	(41.90 FTE)
3/18/03	8.57% overall RN vacancy	(49.5 FTE)
8/17/03	10.65% overall RN vacancy	(64.7 FTE)
11/4/03	13.91% overall RN vacancy	(87.6 FTE)

Recruiters were able to recruit 11 candidates for the ED and Critical Care Training Programs through job fairs and unsolicited applications. However, candidates subsequently withdrew after accepting job offers to take positions elsewhere. The October/November ED Training Program was cancelled as a result. The recruitment strategy for this next quarter is to target the December new graduates.

AREA	RN VACANCY RATE	NUMBER VACANT FTE	TRAINING PROGRAMS IN PROGRESS
Med/Surg (includes 4A/SNF & 4B/Stepdown)	14%	22.3	TP started 11/03 (6 RNs, 7 LVNs)
Critical Care/Stepdown	14.8%	15.8	10/03 TP cancelled, no hires. 12/03 TP scheduled with 2 RNs.
Perinatal	3.29%	2.1	Nursery TP started 10/27 (1 RN)
Perioperative	9.24%	4.4	-0-
Emergency	30.18%	21.4	Oct/Nov TP cancelled; Candidates took jobs elsewhere for better salary offer. 12/03 TP tentative.
Psychiatry	12.98%	13.6	TP scheduled to start 12/03 (2 RNs).
MHRF	20.83%	4.0	-0-
Hospital Based Clinics	5.84%	3.1	-0-

2. DOROTHY WASHINGTON GALA - OCTOBER 23, 2003

A festive group of 309 hospital and DPH employees and their guests joined with the Washington family and friends to enjoy an unprecedented evening at the Mark Hopkins Intercontinental Hotel in support of the Dorothy Washington Scholarship Fund. This was the first opportunity for the multidisciplinary, multicultural group to socialize together in a sophisticated atmosphere acknowledging the legacy of Ms. Washington and the success of building the scholarship fund. Giselle Burgos, RN (22 year employee) of the Women's Clinic received the first \$2,500 scholarship during the evening's program. Ms. Burgos is attending UCSF School of Nursing for her Master's Degree in Perinatal Nursing.

Three hundred and thirteen tickets were purchased for the event. To date, 48 individuals and 16 corporate sponsors have contributed to the fund with donations continuing to arrive. Five of the corporate sponsors were designated as **patrons** donating \$1,500 or more, and 46 event **benefactors** including individuals, chiefs of service/division, city restaurants and corporate sponsors purchased tickets, tables, or made donations between \$250 and \$1,499. This event was enjoyed by all and marks our first success at fundraising.



November 4, 2003

MEMORANDUM

TO: Commissioner Harrison Parker, Sr., DDS, Chair
Commissioner Lee Ann Monfredini

THROUGH: Gene Marie O'Connell *goc/wi*
Executive Administrator

FROM: Valerie Inouye *wi*
CFO, SFGH

SUBJECT: First Quarter Financial Results

The first quarter financial results, projected for the remainder of the fiscal year, shows SFGH with a deficit of \$(2.4 million). Please see Attachment 1. Revenues are projected to exceed the budget by \$3.5 million. Net patient revenues are projected to be \$3.6 million over budget. Included in net patient revenues are \$1.0 million of prior year Medicare settlements actually received. SB 1255 funding is also projected to be \$1.1 million over budget (comparable to what we received last year). These were offset by an unfavorable projection in our Prop 99 funds of \$(1.2 million).

Operating expenses are projected to be \$5.9 million over budget, primarily due to salaries, fringe benefits and workers comp expenses exceeding the budget. The salary projections have been reduced by approx. \$.5 million to account for initiatives that the hospital is currently implementing. The initiatives are primarily reductions in overtime, changes in skill mix and non-clinical service reductions.

It has not been the practice for the hospital to record prior year settlements until official notification from the programs has been received. We anticipate that there could be an additional \$2.3 million in prior year settlements that the hospital may realize this fiscal year. This is shown as a reconciling item in the overall DPH financial results.

For DPH as a whole, the projection based on the first quarter shows a total deficit of \$(4.6 million). Please refer to Attachment 2. The prior year settlements and other anticipated expenditure savings bring the projected deficit to break even.

Attachment 3 outlines the structural issues with our FY '04 budget for DPH as a whole, but the cost of the additional floating holidays and less vacant positions affects SFGH directly. Out of the 116 FTE's eliminated from the budget, 97 were reassigned to vacant positions. While these employees are providing valuable services, just from a purely financial perspective, there are less positions to apply toward salary savings.

San Francisco General Hospital

STATEMENT OF REVENUE AND EXPENSES - FYE 6/30/04

Month Ending: SEP 30, 2003

(In Thousands of Dollars)

Health Commission Report

YEAR-TO-DATE					ANNUAL				
				Fav/(Unfav)					Fav/(Unfav)
Projection	Budget	Variance	% Var.		Projection	Budget	Variance	% Var.	
NET PATIENT SERVICE REVENUE:									
1	20,301	14,730	5,571	37.8%	Medi-Cal Revenue	64,169	58,599	5,570	9.5%
2	13,490	12,774	716	5.6%	Medicare Revenue	51,534	50,818	716	1.4%
3	12,028	15,654	(3,626)	-23.2%	Other Patient Revenue	58,651	62,277	(3,626)	-5.8%
4	(5,976)	(5,976)	0	n/a	Provision for Bad Debt	(22,900)	(23,900)	1,000	4.2%
5	<u>39,843</u>	<u>37,182</u>	<u>2,661</u>	<u>7.2%</u>	TOTAL NET PATIENT SERVICE REVENUE	<u>151,454</u>	<u>147,794</u>	<u>3,660</u>	<u>2.5%</u>
6									
7					OTHER OPERATING REVENUE:				
8	0	0	0	n/a	Short Doyle (Community Health Service)	0	0	0	n/a
9	1,304	1,304	0	n/a	Short Doyle Medi-Cal	5,215	5,215	0	n/a
10	1,032	1,032	0	n/a	MAA/TCM	4,130	4,130	0	n/a
11	31,974	31,974	0	n/a	SB855	127,897	127,897	0	n/a
12	6,000	5,725	275	4.8%	SB1255	24,000	22,900	1,100	4.8%
13	325	325	0	n/a	GME	1,300	1,300	0	n/a
14	4,402	4,402	0	n/a	Capitation/Managed Care Settlement	17,609	17,609	0	n/a
15	0	0	0	n/a	State Alcohol	0	0	0	n/a
16	0	0	0	n/a	Proposition 36	0	0	0	n/a
17	15,279	15,279	0	n/a	State Realignment	61,114	61,114	0	n/a
18	354	672	(318)	-47.3%	Prop 99 AB75	1,414	2,686	(1,272)	-47.4%
19	0	0	0	n/a	Other State (CCS and State Mandated Cos	0	0	0	n/a
20	1,578	1,578	0	n/a	Fees/Cafeteria/Misc. (includes lease incom	6,311	6,311	0	n/a
21	2,734	2,735	(1)	0.0%	Workorder Recovery	10,938	10,938	0	n/a
22	1,386	1,386	0	n/a	Transfer In and Project-Related	5,545	5,545	0	n/a
23	3,079	3,079	0	n/a	Carryforward	12,315	12,315	0	n/a
24	<u>69,447</u>	<u>69,491</u>	<u>(44)</u>	<u>-0.1%</u>	TOTAL OTHER OPERATING REVENUE	<u>277,788</u>	<u>277,960</u>	<u>(172)</u>	<u>-0.1%</u>
25									
26	<u>109,290</u>	<u>106,673</u>	<u>2,617</u>	<u>2.5%</u>	TOTAL OPERATING REVENUE	<u>429,242</u>	<u>425,754</u>	<u>3,488</u>	<u>0.8%</u>
27									
28					OPERATING EXPENSES:				
29	45,976	44,140	(1,836)	-4.2%	Personnel Services	180,981	176,558	(4,423)	-2.5%
30	9,600	9,217	(383)	-4.2%	Mandatory Fringe Benefits	37,790	36,863	(927)	-2.5%
31	26,782	26,782	0	n/a	Non-personal Services	107,128	107,128	0	n/a
32	11,795	11,796	1	0.0%	Materials and Supplies	47,179	47,179	0	n/a
33	812	812	0	n/a	Facilities Maint. & Capital Outlay	3,249	3,249	0	n/a
34	6,485	6,296	(189)	-3.0%	Services of Other Departments (workorder	25,941	25,185	(756)	-3.0%
35	24,556	24,556	0	n/a	Operating Transfer Out	98,225	98,225	0	n/a
36	556	556	0	n/a	Intrafund Transfer	2,223	2,223	0	n/a
37	1,266	1,319	53	4.0%	Projects	5,062	5,277	215	4.1%
38	<u>127,828</u>	<u>125,474</u>	<u>(2,354)</u>	<u>-1.9%</u>	TOTAL OPERATING EXPENSES	<u>507,778</u>	<u>501,887</u>	<u>(5,891)</u>	<u>-1.2%</u>
39									
40	<u>(18,538)</u>	<u>(18,801)</u>	<u>263</u>	<u>1.4%</u>	OPERATING INCOME/(LOSS)	<u>(78,536)</u>	<u>(76,133)</u>	<u>(2,403)</u>	<u>-3.2%</u>
41									
42					NON-OPERATING REVENUE:				
43	19,033	19,033	0	n/a	General Fund	76,133	76,133	0	n/a
44	<u>19,033</u>	<u>19,033</u>	<u>0</u>	<u>n/a</u>	TOTAL NON-OPERATING REVENUE	<u>76,133</u>	<u>76,133</u>	<u>0</u>	<u>n/a</u>
45									
46	<u>495</u>	<u>232</u>	<u>263</u>	<u>113.4%</u>	NET INCOME/(LOSS)	<u>(2,403)</u>	<u>0</u>	<u>(2,403)</u>	<u>n/a</u>

Division	REVENUES			EXPENDITURES			TOTAL
	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	\$ 501,887,000	\$ 505,375,000	\$ 3,488,000	\$ 501,887,000	\$ 507,778,000	\$ (5,891,000)	\$ (2,403,000)
Laguna Honda	148,122,000	147,765,000	(357,000)	148,122,000	148,161,975	(39,975)	(396,975)
Primary Care	45,859,000	46,160,000	301,000	45,859,000	46,154,000	(295,000)	6,000
Health at Home	4,586,000	4,586,000	0	4,586,000	4,965,000	(379,000)	(379,000)
Jail Health	21,991,000	21,991,000	0	21,991,000	24,742,000	(2,751,000)	(2,751,000)
Public Health	90,323,000	90,323,000	0	90,323,000	89,423,000	900,000	900,000
Mental Health	168,349,000	168,349,000	0	168,349,000	168,349,000	0	0
Substance Abuse	64,662,000	64,662,000	0	64,662,000	64,262,000	400,000	400,000
TOTAL DPH	1,045,779,000	1,049,211,000	3,432,000	1,045,779,000	1,053,834,975	(8,055,975)	(4,623,975)

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carryforwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

Cost report settlements anticipated at SFGH and Primary Care this year
Expenditure savings

2,300,000
2,325,000

Total Adjustments

4,625,000

Projected Deficit, above

(4,623,975)

End of year projection, Adjusted

1,025

Department of Public Health
Significant Structural Issues in the 03-04 Budget

		<u>Annual Impact</u>
Jail Health salaries underbudgeted historically		\$ 2,000,000
Cost of 5 additional floating holidays at LHH and SFGH (We recognize that some paid time off will be banked)		
Low Estimate - Backfill at permanent salary rate	\$ 2,083,173	
High Estimate - Backfill at premium and OT rates	<u>3,166,103</u>	
Average	2,624,638	
Estimated 03-04 cost at 50%		1,312,319
Estimated impact of reduction to budgeted FTEs		
Total FTEs eliminated from Budget	116	
Total FTEs that were terminated, laid off, retired or left DPH (1)	<u>19</u>	
Net Reassigned to vacant positions	97	
Estimated Average FTE salary and benefit	<u>\$ 85,000</u>	<u>8,245,000</u>
Total unbudgeted personnel cost		<u>\$ 11,557,319</u>

(1) Detail of Staff terminations	
Lay off out the door	10
Resigned	3
Retired	10
Transferred to other Departments	1
Taken from other Departments	<u>(5)</u>
Total	<u>19</u>

Quality Management Department
SFGHMC Administrative Policy and Procedures
Memorandum

Date: November 3, 2003
To: Gene O'Connell, Executive Administrator, SFGHMC
From: Hiro Tokubo, Director, Quality Management Department
Sub: Summary of Changes for P&Ps going to JCC-SFGHMC meeting

POLICY TITLE	PURPOSE	SUMMARY OF CHANGES
8.9 Hospital Plan for Provision of Patient Care	<p>The purpose of this policy is to define organization-wide processes and activities that maximize the coordination and provision of care to patients at SFGHMC. The goal of this plan is to coordinate patient care in a manner that is seamless from the patient's perspective. Patients with the same health problems and needs receive the same standard of care throughout the organization. The plan describes the integrated system of settings, services, health care practitioners, and care levels that make up the continuum of care. In addition, the plan outlines organizational and functional relationships of departments and committees within SFGHMC and how services complement one another.</p>	<p>Major changes include:</p> <ol style="list-style-type: none"> 1. Reorganized the information to comply with the format used by the 2004 JCAHO standards. 2. Updated statistics 3. Included new information regarding: <ul style="list-style-type: none"> • Medication management, • Education of patients and family, • Management of environment of care, • Competency assessment of non-medical staff, and • Surveillance, prevention and control of infections. 4. Deleted information regarding operative and invasive procedures.

POLICY TITLE	PURPOSE	SUMMARY OF CHANGES
17.1 Performance Improvement and Patient Safety Program (PIPS)	The purpose of this policy is to promote and define an organizational wide process for performance improvement in patient care, decreasing medical errors, and enhancing patient safety.	<p>Major changes include:</p> <ol style="list-style-type: none"> Statement of Policy section: Referenced Appendix A, the "SFGHMC Patient Safety Plan" Procedure, II. Committees with Quality/Performance Improvement Accountabilities: Under Section A.- The Performance Improvement and Patient Safety (PIPS) Committee <ul style="list-style-type: none"> ➤ #6-Added the word "reviews". The statement reads as follows: " reviews quality control reports from clinical laboratory services, diagnostic radiology services, dietetic services, nuclear medicine services, and radiation oncology services as part of the annual report". ➤ #12- Added the following language: "The PIPS Committee reviews quality, utilization, and patient safety issues relevant to the Tertiary Care Contract and to the care of managed care patients." Under Section B.- The SFGHMC Executive Committee <ul style="list-style-type: none"> ➤ # 8 Added the following language "The SFGHMC Executive Committee oversees the Tertiary

POLICY TITLE	PURPOSE	SUMMARY OF CHANGES
21.4 Inpatient Utilization Review Program	The purpose of this policy is to describe how SFGHMC has structured the Hospital's Inpatient Utilization Review Program.	<p>Care Contract and managed care programs.”</p> <p>4. Procedure, III. Individual Roles and Responsibilities: Under section E-The Medical Director of the Quality Management Department: ➤ Added #7. “The Medical Director of Quality Management Dept. directs quality and utilization functions of the Tertiary Care contract and managed care program.”</p> <p>5. Procedure, V. Use of Data section- Added the following language “All data and information containing protected health information (PHI) is secured to protect the patient’s privacy in accordance with HIPAA regulations.”</p> <p>6. Added Appendix A: “SFGHMC Safety Plan”</p>
		<p>Revisions include:</p> <p>1. Statement of Policy-Added the following statement, “ All data and information containing protected health information (PHI) is secured to protect the patient’s privacy in accordance with HIPAA regulations.”</p>

POLICY TITLE	PURPOSE	SUMMARY OF CHANGES
		<p>2. The Performance Improvement and Patient Safety (PIPS) Committee section- #3 last bullet-Added language that states that the PIPS Committee is responsible for reviewing utilization, quality, and safety information relevant to the Tertiary Care Contract and managed care patients.</p> <p>3. Updated Appendices- Appendix A: The Inpatient Utilization Review</p> <ul style="list-style-type: none"> ➤ Added the following language: The Supervising Nursing Manager is responsible for developing a denial management program by: <ul style="list-style-type: none"> ◆ Collecting pertinent data and information on all third party payer treatment authorization denials; ◆ Tracking and analyzing denials, including the determination of causes and financial impacts; ◆ Tracking and analyzing appeals; and ◆ Utilizing the results of analyses to set goals, priorities, and accountability for the unit. <p>Appendix B: Department of Psychiatry Utilization Review Plan- Includes:</p> <ul style="list-style-type: none"> ➤ Bridge to Wellness Partial Hospitalization Program

POLICY TITLE	PURPOSE	SUMMARY OF CHANGES
		<p>➤ Community Focus Single Point of Responsibility Program.</p> <p>Appendix C: Skilled Nursing Facility Utilization Review Plan-Added statement that the 4A SNF is covered under the Inpatient Utilization Review Plan.</p>

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

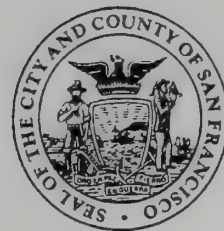
David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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JOINT CONFERENCE COMMITTEE
FOR THE
SAN FRANCISCO GENERAL HOSPITAL
COMMITTEE MEETING

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The Joint Conference Committee for San Francisco General Hospital meeting scheduled for Tuesday, December 9, 2003 has been cancelled.

The next regularly scheduled meeting will be Tuesday, January 13, 2004 from 3:45 to 5:30 p.m. at the Hospital's Conference Room #2A6, as usual. An agenda will follow.

For information call the Commission Office at 554-2666.

(Posted November 14, 2003)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

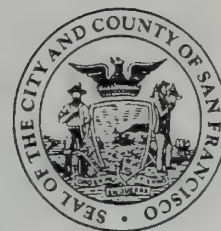
Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor
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AGENDA

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JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, January 13, 2004

3:45 p.m. - 5:30 p.m.

1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

Commissioner Harrison Parker, Sr. DDS, Chair
Commissioner Lee Ann Monfredini

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF NOVEMBER 12, 2003**
**Minutes of November 12, 2003*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, RN, Chief Nursing Officer, SFGHMC)
**Report*
- 5) **FOR DISCUSSION:** **SFGH REBUILD UPDATE**
(John Kanaley, Senior Associate Administrator, SFGHMC Support Services)
**Update*

- 6) **FOR DISCUSSION:** **MHRF BLUE RIBBON COMMITTEE UPDATE**
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*
- 7) **PUBLIC COMMENT****
- 8) **CLOSED SESSION**
- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session
- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1
- ACTION ITEM:** **APPROVAL OF CLOSED SESSION MINUTES OF NOVEMBER 12, 2003**
- FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
Valerie Ng, M.D., Chief of Staff
- FOR ACTION:** **CONSIDERATION OF CREDENTIALING MATTERS**
Valerie Ng, M.D., Chief of Staff
- FOR DISCUSSION:** **CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE, QUALITY ASSURANCE**
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management
- D) Reconvene in Open Session
1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
 2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)
- 9) **ADJOURNMENT**

* Explanatory documents are available at the Joint Conference Committee, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail:

Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:

www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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HEALTH COMMISSION

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Gavin C. Newsom, Mayor

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, January 13, 2004

3:45 p.m. - 5:30 p.m.

1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting was called to order by Commissioner Parker at 3:45 p.m.

Present: Commissioner Harrison Parker, Sr., DDS, Chair
Commissioner Lee Ann Monfredini

Staff: Sue Carlisle, M.D, Anne Chang, Sue Currin, Myra Garcia, Valerie Inouye,
John Luce, M.D., Sharon McCole-Wicher, Kathy Murphy, Renee Navarro,
M.D., Valerie Ng M.D., Gene O'Connell, Roland Pickens, Hiro Tokubo,
Christine Wachsmuth

2) APPROVAL OF MINUTES OF NOVEMBER 12, 2003

Action Taken: The Committee approved the minutes of the November 12, 2003
San Francisco General Hospital Joint Conference Committee meeting.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Executive Administrator, SFGHMC, presented the Hospital Administrator's Report.

Program Updates

Mental Health Rehabilitation Facility Blue Ribbon Committee Update

On January 7, 2004, the MHRF Blue Ribbon Committee, chaired by Director of Health Dr. Mitch Katz, came to consensus on recommendations going forward to the San Francisco Health Commission after holding nine public meetings over the course of four and half months, and considering comments from 12 mental health experts and over 67 public comments.

The Committee recommended that the MHRF be converted from a skilled nursing facility to one which provided multiple levels of care, adding to skilled nursing a mental health rehabilitation center, a residential care facility, and a residential treatment facility that offers day treatment in order to: 1) meet the clinical needs of complex psychiatric and medical patients, 2) provide treatment and housing options for patients needing less restrictive care, and 3) provide a continuum of care with easier transitions for clients to progress or return from one level of care to the next. It also recommended that a transition team be established to assist in implementing and evaluating the conversion of the MHRF, that would include unionized staff, Friends and Family of the MHRF, and community and institutional mental health program administrators. Conversion to this 'hybrid' model of care would potentially decrease General Fund usage by approximately \$2 million.

The Committee's full report will be provided to the Commission on January 20.

Commissioners' Comments

- Commissioner Monfredini asked what steps are necessary, after Health Commission approval, to implement the new model for MHRF. Ms. O'Connell said that they would immediately pursue the licensing, which will be a challenge. It is a tight timeline. The budget assumes the new model would begin in July.

4) PATIENT CARE SERVICES REPORT

Sue Currin, RN, Chief Nursing Officer, SFGHMC, presented the Patient Care Services Report (Attachment A).

Commissioners' Comments

- Commissioner Parker asked how SFGH's RN salaries compare with other area hospitals. Ms. Currin replied that the entry-level pay scale is comparable to UC, however UC has more steps, so there are more opportunities for pay increases. Ms. Currin is working with the unions to be able to bring new hires in at the third step.

5) SFGH REBUILD UPDATE

Gene O'Connell presented an update on the SFGH Rebuild (Attachment B).

Commissioners' Comments

- Commissioner Monfredini said that a hospital bond in November 2004 would likely compete with the \$150 million homeless bond that the Mayor wants considered at the same election. She asked if the EIR for the helipad is finished. Christine Wachsmuth said the

Planning Department recently assigned a planner to the project, and will decide what level of environmental review is needed for the project. If a full EIR is required, the timeline is 12 to 18 months.

- Commissioner Parker asked if the funds from the Unreinforced Masonry Bond (UMB) would be available for the red brick buildings regardless of where the hospital is rebuilt. Ms. O'Connell said the UMB funds would be available for the red brick buildings under all three alternatives. He asked if the EIR would be done for both sites simultaneously. Ms. O'Connell said that is the current plan, but this issue will be discussed further in the coming weeks.

6) **MHRF BLUE RIBBON COMMITTEE UPDATE**

This update was presented as part of the Hospital Administrator's Report.

7) **PUBLIC COMMENT**

None.

8) **CLOSED SESSION**

A) **Public Comments on All Matters Pertaining to the Closed Session**

None.

B) **Vote on Whether to Hold a Closed Session**

Action Taken: The Committee voted to hold a closed session

The Committee went into closed session at 3:45 p.m. Present in closed session were Commissioner Parker, Commissioner Monfredini, Sue Carlisle, M.D., Anne Chang, Sue Currin, Myra Garcia, Valerie Inouye, John Luce, M.D., Sharon McCole-Wicher, Deputy City Attorney Kathy Murphy, Renee Navarro, M.D., Valerie Ng M.D., Gene O'Connell, Roland Pickens, Hiro Tokubo, Christine Wachsmuth and Michele Olson.

C) **Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1**

APPROVAL OF CLOSED SESSION MINUTES OF NOVEMBER 12, 2003

Action Taken: The Committee approved the November 12, 2003 closed session minutes.

MEDICAL STAFF REPORT

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the January Credentials Report

**CONSIDERATION OF MEDICAL AUDIT, QUALITY OF CARE,
QUALITY ASSURANCE**

D) Reconvene in Open Session

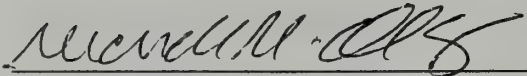
The Committee reconvened in open session at 4:06 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Committee voted not to disclose any discussion held in closed session.

9) **ADJOURNMENT**

The meeting was adjourned at 4:50 p.m.



Michele M. Olson
Executive Secretary to the Health Commission

Attachments (2)

PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, January 2004

Sue Currin, RN, MS, Chief Nursing Officer

San Francisco General Hospital

1. NURSING RATIOS

On January 1, 2004, acute psychiatry instituted nurse ratios of 1:6. To ensure appropriate levels of staffing to meet the nurse-patient ratios, one licensed nursing staff on each of the 4 focus inpatient units was added to the night shift. A total of 14.5 FTE were added to the Emergency Department to meet the ratios.

Due to nursing vacancies, the number of registry travelers was increased to meet the regulations. We are monitoring the following on a daily basis:

- Number of beds taken out of service due to insufficient licensed nursing staff
- Emergency room diversion due to insufficient licensed nursing staff
- Incidences when nursing ratios are not met by shift and area
- Number of surgical or other procedures delayed/cancelled due to insufficient licensed nursing staff

Maintaining ratio requirements during breaks has been our biggest challenge. Administration is working jointly with the unions, through the Labor Monitoring Committee, to address issues regarding interpretation and implementation of the ratios. The California Department of Health Services recently released answers to frequently asked questions regarding the nurse to patient staffing ratios (see attached).

2. VACANCY RATE

Area	RN Vacancy Rate	Number Vacant FTE	Training Programs in Progress
Med/Surg (includes 4A/SNF Unit and 4B/Stepdown)	16.46%	26.2	TP to start in February, 2 RNs
Critical Care	11.91%	12.6	TP to start in February, 3 RNs
Perinatal	5.32%	3.4	TR ongoing, 1 RN new hire
Perioperative	7.11%	3.4	-0-
Emergency	30.75%	21.8	TP to start in February, no hires to date
Psychiatry	11.16%	11.7	-0-
MHRF	20.83%	4.0	-0-
Hospital Based Clinics	5.48%	2.9	-0-

Overall, there are 87 RN, 28 LVN/LPT, 8 CNA, and 11 Unit Clerks FTE vacancies at SFGH. Staff attended the City College RN Job Fair in December to recruit new graduates. Staff will attend the February RN Job Fair sponsored by Nurseweek.

3. CONDITION RED

SFGH has been on Condition Red for the past 48 hours. Hospital status "Condition Red" is instituted when only one bed is available in Critical Care with no pending

transfers, the Post Anesthesia Care Unit (PACU) is at capacity, and more than ten (10) patients are waiting for inpatient beds; **OR** the Administrator on Duty (AOD) determines that SFGHMC has marginal capacity to accept incoming patients.

The med-surg census is 223 and the 4A SNF census is at physical capacity of 30. SFGH is working with LHH to expedite patient transfers to decompress acute care.

4. YELLOW ALERT - PSYCH EMERGENCY SERVICES

The purpose of a Yellow Alert is to prevent Psychiatric Emergency Services (PES) from approaching unsafe conditions and to prevent diversion. Reasons that PES may go on Yellow Alert range from increased acuity (i.e. number of patients in seclusion and/or restraints), increased census, or a disaster that has rendered PES unable to perform its function.

PES has been using Yellow Alert approximately 7 to 10 times per week over the past 2 months. There has been an increase in the use of Yellow Alert secondary to difficulties with patient flow from PES to inpatient units and lower levels of care in the community.

5. MHRF UPDATE

As of January 6, MHRF's census was 91.

The Admission/Discharge Coordinator attends daily bedflow meetings to coordinate admissions planning with CMHS and Acute Psychiatry staff. Dr. Qian, Medical Director, screens MHRF referrals from acute psychiatry and other sources who may have severe suicidal and/or homicidal features to ensure patient and staff safety at the MHRF.

Patient flow out of the MHRF to community-based placements in CBHS is coordinated through the MHRF Social Services Department. Meetings with CBHS are held weekly and each MHRF resident's case is reviewed for progress toward discharge. MHRF's Director of Nurses, department managers, social workers, unit administrators, the admissions/discharge coordinator, and representatives from the Conservator's Office and Residential Care also attend.

The MHRF Blue Ribbon Panel has been meeting biweekly since September 10, 2003. This expert group, chaired by Mitch Katz, was expected to provide recommendations for new directions for the future of the facility by January 6, 2004. This date has been extended several weeks.

6. PERIOPERATIVE INFORMATION SYSTEM PROJECT UPDATE

The Operating Room IS Project continues to move forward. The OR staff have been able to utilize all of the nursing documentation functions effectively. Phase II implementation for the PACU has been delayed until April 2004 due to updates and enhancements with the ORMIS system.

7. PICC LINE UPDATE

In 2003, the total of RN inserted PICC lines was 551. Our highest volume of PICC lines inserted was 62 in October. In early 2003, 25% of PICC line patients were referred to Interventional Radiology and in the latter part of the year, we referred less than 8%.

Nurse-to-Patient Staffing Ratios for General Acute Care Hospitals

Frequently Asked Questions

(December 2003)

The California Department of Health Services, Licensing and Certification Division will provide periodic updates to the following Frequently Asked Questions (FAQ's) and answers related to the implementation of the new nurse-to-patient ratio regulations for General Acute Care Hospitals.

These questions and answers are organized into the following categories:

1. Questions of General Concern

- A. Enforcement of the Ratios
- B. Program Flexibility
- C. Healthcare Emergency/Influenza Season
- D. "At all times" Requirement
- E. Record Keeping Requirements
- F. Counting Patients in the Ratios
- G. Patient Placement
- H. Outpatient and Inpatient
- I. Patient Classification System

2. Specific Unit Questions

- A. Post Anesthesia Care Unit (PACU)
- B. Pediatrics Unit (Peds Unit)
- C. Rehabilitation Unit (Rehab Unit)
- D. Emergency Department (ED or ER)
- E. Neonatal Intensive Care Units / Nurseries (NICU/Nurseries)
- F. Chemical Dependency Recovery Units and Hospitals (CDRU/CDRH)
- G. Psychiatric Unit (Psych Unit)

3. Other

- A. SNFs and HBPDs
- B. CNAs
- C. Nurse availability
- D. Rural hospitals (will be covered in a supplemental FAQ to be issued the week of 12/29/03)

1. Questions of General Concern:

A. Enforcement of the Ratios

1. Q: *How will CDHS approach enforcement of the ratios?*

A. CDHS will enforce the provisions of these regulations in the same general manner as we have enforced the ratios that have existed for 28 years for Intensive Care and Critical Care Units. There are two ways in which the department will verify compliance with the regulations.

Compliance with the regulations may be verified during a periodic survey. Although CDHS does not automatically verify compliance with the ratio requirements during a survey, observation or interview may lead to concerns about staffing and cause CDHS to verify compliance with the ratios and other staffing-related requirements.

Compliance with the regulations may also be verified by investigating a complaint that is specific to staffing or staffing ratios. Although there is no statutory timeframe within which CDHS must initiate an on-site investigation to respond to a complaint against a General Acute Care Hospital, by existing policy CDHS will initiate an investigation within 48 hours if a credible allegation of serious and immediate jeopardy to patients is received. If the allegation does not constitute serious and immediate jeopardy, the complaint will be investigated during the next periodic survey or along with the next "serious" complaint.

Should a violation of the ratio requirements occur, CDHS will issue a deficiency to the hospital and require an acceptable plan of correction. CDHS may verify that the plan of correction has been implemented and the deficiency corrected during any subsequent complaint investigation or periodic survey.

There is no penalty or monetary fine for a violation of the ratio regulations. However, should the CDHS conclude that the violation of the ratios is so severe that it poses an immediate and substantial hazard to the health or safety of patients, CDHS may order the hospital to reduce the number of patients or close a unit until additional staffing is obtained.

2. **Q:** *What is CDHS's expectation for provider self-reporting? Do you expect a provider to notify you whenever they are out of compliance with the ratio regulations? After all, the ratios are supposed to be the minimum requirements to protect patient safety, and 22 CCR 70737 requires that Any...unusual occurrence which threatens the welfare, safety, or health of patients, personnel, or visitors shall be reported as soon as reasonably practical....to the Department."*

A. The reporting requirements at 22 CCR 70737 were established to ensure that the Department will be made aware of all occurrences that disrupt the operation of the facility. They were not intended to compel providers to self-report all events that could be cited by the Department as deficient practices. However, when a healthcare emergency, as defined at 22 CCR 70217(q), results in a hospital's inability to meet the staffing ratios in spite of planning for fluctuations in patient census, then the hospital must notify CDHS Licensing and Certification in accord with 22 CCR 70746 and 70737(a).

B. Program Flexibility

1. **Q:** *Please explain program flexibility. When does it apply, and who is eligible?*

A: Program flexibility is defined for basic services in 22 CCR 70129 and for supplemental services at 22 CCR 70307. It exists because CDHS does not want its requirements to "prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications, or the conducting of pilot projects provided such exceptions are carried out with the provisions for safe and

adequate care and with the prior written approval of the Department.” Program flexibility, then, recognizes that regulations cannot keep pace with advances in health care, and often new alternatives, approaches, and techniques which meet the intent of the regulation are as appropriate, or even preferable, to strict compliance.

CDHS welcomes the opportunity to work with providers as they seek to continuously improve the care they offer by exploring innovative ways to deliver safe and adequate care. Although the nurse staffing ratios would be a difficult requirement to “flex”, we encourage hospitals to work with their local Licensing and Certification district office on program flexibility requests.

2. Q: *What is the process and timeframe for CDHS to consider program flex requests for these nurse staffing ratio regulations?*

A: L&C has established an internal process to expedite program flexibility requests related to these regulations and to provide for consistent application of standards for program flexibility throughout the state. The total timeframe for review and rendering a written decision on program flexibility will not exceed 15 working days. In addition, review of program flexes will be coordinated between the district office and a central office subject matter expert to promote consistent interpretation and application of the regulations.

C. Healthcare Emergency/Influenza Season

1. Q: *What happens if there is a flu epidemic and the hospital must admit large numbers of flu patients? What does the hospital do about meeting the nurse staffing ratios?*

A: Title 22 CCR 70217(q) requires hospitals to plan for routine fluctuations in patient census. A flu epidemic might qualify as a healthcare emergency, which is defined in the regulation as, “an unpredictable or unavoidable occurrence at unscheduled or unpredictable intervals relating to healthcare delivery requiring immediate medical interventions and care.” If a hospital cannot meet the staffing regulations during a flu epidemic in spite of its efforts to plan for fluctuations in census, the hospital must notify CDHS Licensing and Certification Program in accord with 22 CCR 70746 and 70737(a). If the hospital can demonstrate that it made prompt efforts to try to maintain required staffing levels, then CDHS will not consider the hospital to have violated the regulations during the period of the health care emergency. However, the influenza season cannot be used as an excuse for a failure to plan or to otherwise fail to meet the requirements.

2. Q: *What concerns are you hearing about patients being held in the ED awaiting a medical/surgical bed and the back up of the entire county emergency medical system when this happens county wide. At what point can facilities have program flexibility to admit those patients knowing they will be out of compliance?*

A: We added Title 22 CCR 70217(q) to the regulations to address the need for flexibility during a healthcare emergency. Please see the definition of healthcare emergency” discussed in C1 above. It is likely that a problem that caused the entire county emergency medical system to back up would meet the criteria of a “healthcare emergency”.

D. "At All Times" Requirement

1. ***Q: Is the Department aware of any ways that facilities might be able to comply with the "at all times" requirement?***

A: There are several techniques that a hospital can use to ensure compliance with this requirement. Hospitals do not need to seek our approval for any of the following options:

- The regulations specifically permit a Charge nurse, or nurse manager to fill in for a licensed nurse during breaks or lunches.
- In a Post Anesthesia Recovery Unit (PACU) an OR nurse can cover if there are no surgeries as long as the nurse has current competence in the PACU.
- Any nurse in the hospital can "float" between units to cover as long as that nurse is competent to perform tasks required in that unit.
- Nurses from a "higher acuity" unit can always cover for a nurse in a unit with lower acuity patients.
- If a patient is being taken for tests and can be accompanied by a technician, that may reduce a nurse's assignment on a temporary basis, so they could assist another nurse.
- A hospital can delay new admissions or cancel elective surgeries that would result in new admissions. Hospitals have done this when they didn't have sufficient numbers of critical care nurses.
- Hospitals could contact physicians to see if any patients could be safely discharged sooner than scheduled. Often hospitals discharge patients at certain times of the day, even though the patient could go home or to another level of care sooner.
- Except for patients who might be admitted through the ER, hospitals know the number of new admits or possible discharges at any given time. Each charge nurse plans for staffing the next shift prior to the end of the current shift. This is a normal and continuous process that can be adjusted to accommodate available staff.

2. ***Q: When patients are off the floor for procedures and therapy some nurses will not have their full complement of patients. Utilizing existing staff, nurses would be asked to do tasks for those remaining patients under the care of the licensed staff who has gone on a break. Any thoughts on coverage?***

A: As in 22 CCR 70217(a), "Nothing in this section shall prohibit a licensed nurse from assisting with specific tasks within the scope of his or her practice for a patient assigned to another nurse. "Assist" means that licensed nurses may provide patient care beyond their patient assignments if the tasks performed are specific and time-limited." So, a nurse who temporarily does not have his/her full complement of patients may certainly assist with tasks for patients assigned to another staff nurse.

However, the nurse can never be given an assignment that exceeds the ratio for the maximum number of patients the nurse can care for on the unit on which she/he works. So, if two medical/surgical nurses each had six patients, and two patients assigned to each nurse were temporarily off the unit for procedures, one nurse could assist the other nurse's patients with time limited tasks as their needs arose. However, one nurse could not assume the other nurse's full assignment while that nurse went on a break, because the nurse remaining on the unit would then be responsible for the care of eight patients during the break period, and that would be a violation of these regulations.

The regulations do provide that "Nurse Administrators, Nurse Managers, Nurse Supervisors, and Charge Nurses who have demonstrated current competence to the hospital in providing care on a particular unit may relieve licensed nurses during breaks, meals, and other routine, expected absences from the unit."

3. **Q:** *Meal breaks continue to pose concerns for a number of facilities. Will DHS entertain program flexibility for ratio mandates during meal breaks?*

A: Program flexibility can be requested for any alternative method of meeting the intent of the regulation, and there may be special circumstances for which program flex may be appropriate. While this requirement would be a difficult requirement to flex, we encourage hospitals to work with their local Licensing and Certification district office on program flexibility requests. There may be other options or ideas that you might work through with the district office.

E. Record Keeping Requirements

1. **Q:** *The documentation of staffing by patient is going to be very difficult on many units where patients are in and out, the statement of reason says this will not be financially harmful to hospitals but our read on it is that it will be very time intensive. Have you considered documentation by exception only? Meaning we only complete the form when we are out of compliance. We have attached the form we are sharing with hospitals – your thoughts please.*

A: There was no form attached for us to review.

It must be possible for CDHS to verify the licensed nurses' assignments to ensure that no individual nurse's assignment exceeds the maximum number of patients permitted for that unit type at any time. The regulations require that the hospital retain the nurse assignments, by staff licensure category, on a day-to-day, shift-by-shift basis, for a minimum of one year. This is necessary because, without this new provision, it would be impossible for CDHS or the public to know retrospectively whether the facility complied with these proposed regulations and would therefore make enforcement of these proposed regulations virtually impossible. Therefore, this recordkeeping requirement is necessary for the health and safety of California's citizens. HSC 1278 states that, "Any officer, employee, or agent of the state department may, upon presentation of proper identification, enter and inspect any building or premises at any reasonable time **to secure compliance with, or to prevent a violation of, any provision of this chapter.**" (Emphasis added.) Without this requirement, agents of the state department would only know in the aggregate the numbers of patients and nurses on each shift, and could calculate the average staffing, but would be unable to assess whether a violation occurred, or prevent a violation of these proposed regulations which implement and make specific HSC 1276.4. For example, if CHDS received a complaint about inadequate staffing on a shift of a psychiatric unit, an investigation for compliance would be necessary. Without this requirement, the only information that would be available would be that which is already required by the PCS at subsections 1-3: the numbers of staff required, the number of staff provided, etc., and the nurse-to-patient staffing could appear to be adequate on average. However, if one or more of the patients had required 1:1 staffing, then the staffing ratio would be non-compliant, but would have appeared appropriate under current recordkeeping requirements. This requirement will enable CDHS to

secure compliance with provisions of this chapter, in accord with statute. Although this recordkeeping is an expansion of existing record keeping requirements, it will not add any significant cost to providers.

There is no special form required for compliance with the record keeping regulation. Whatever the hospitals' current procedure is for documenting nurses' shift assignments will be acceptable to the Department as long as the nurses' patient assignments are documented and retained for one year. For example, it would be acceptable for a hospital to require nursing staff to leave their daily assignment worksheets at the hospital at the end of their shift. The hospital could also retain the charge nurse's assignment sheet, with admission and discharge notes. The decision to keep these documents on separate pieces of paper, in a binder or a notebook, electronically, or in some other form is entirely the prerogative of the hospital. The Department will accept any form or format that meets the regulatory requirements. However, charting by exception is not acceptable because it would not allow the Department to independently verify staffing assignments.

F. Counting Patients in the Ratios

- 1. Q: *Many of our small and rural facilities have swing beds. When these beds are designated to provide care to post acute patients – those patients usually found in hospital based distinct part units- it is our understanding they are exempt from ratios. What is the number of patients a nurse can care for if caring for both DP and Medical Surgical patients?***

A: If the hospital is licensed pursuant to HSC 1250(a), then the ratio regulations apply to that hospital and to all units within that hospital. If there is a hospital unit that contains acute medical/surgical patients as well as patients in swing beds, and a nurse's assignment consists of both acute care hospital patients as well as skilled nursing level of care patients, then the maximum number of patients that nurse shall care for is six. Permitting otherwise would violate the intent of the statute, which is to limit the number of patients a nurse can care for when delivering care in an acute care setting. The Patient Classification System (PCS) is activated to ensure that the nurse is caring only for the number of patients whose needs he/she can safely meet. If, however, a nurse is caring for skilled nursing level of care patients only, the ratio regulations do not apply.

- 2. Q: *Do patients who have been discharged but not yet left the hospital count in the ratio assignment?***

A: If a patient has been discharged by the hospital, that person is no longer a patient and is, therefore, no longer assigned to a nurse for care. Patients who may be in waiting rooms, who are waiting to be discharged or waiting to receive a prescription are not counted in the ratio as long as a nurse has not been assigned to their care. Only patients assigned to licensed nurses are included in the nurse-to-patient ratios.

- 3. Q: *Do hospitals have to staff their discharge lounges with licensed personnel?***

A: Only patients who are assigned to licensed nurses for care are included in the ratios. If the discharge lounge houses patients who are still assigned to a licensed nurse for care, those patients are counted in the ratios. If all the people in the discharge lounge are no longer patients, and they are not assigned to licensed nurses, they do not count in the ratios.

4. Q: *Under the traditional triage model, at what point is the patient included in the ratios? When the patient walks through the ED doors and is awaiting triage? Or when a patient is triaged and sent back to the waiting room? Or when the patient is triaged and then placed in a bed?*

A: A patient is counted in the nurse-to-patient ratios when the patient is assigned to a licensed nurse for care.

5. Q: *If a patient is triaged by an RN to the ED or Fast Track and does not require further nursing intervention and the "required" nursing assessment elements (e.g., nutritional status, etc.) are documented by the doctor or PA during the medical screening exam, does the patient become included in the ratios?*

A: If a patient has been triaged by an RN and does not require further nursing intervention, and all assessments and treatments are rendered by a physician or a PA, that patient would not be assigned to a licensed nurse for assessment and/or treatment. Therefore, the patient would not be counted in the ratios because the patient was never part of a licensed nurse's assignment.

6. Q: *A patient receives a rapid medical evaluation (instead of triage) by a physician or PA. Lab and X-ray orders are initiated and the patient is sent back to the waiting room since there are no beds available. At what point is this patient included in the nurse staffing ratios?*

A: The patient is included in the ratios at the point that the patient is assigned to a licensed nurse for care.

7. Q: *A patient receives a rapid medical examination by a physician or PA and triage nurse team. It is determined that this patient is a low-acuity patient and does not require further nursing care. The patient is treated in triage and discharged from triage. Is this patient included in the nurse staffing ratios?*

A: If the physician or the PA is providing treatment, the patient is not included in the ratios. The patient is not counted in the ratios when being examined by the triage nurse team unless the triage includes assigning the patient to a nurse for care and treatment. As above, the patient is included in the ratios when that patient is assigned to a licensed nurse for care.

8. Q: *A patient receives a rapid medical examination by a physician/PA and triage nurse team. It is determined that this patient is a low acuity patient and does not require further nursing care. The patient is placed in a designated rapid medical evaluation or fast track where the patient's treatment is completed by a physician/PA with the assistance of an ED tech and is discharged. Is this patient included in the ratios?*

A: No, since the patient was not assigned to a licensed nurse for care and treatment, the patient is not included in the ratios.

G. Patient Placement

1. Q: *A number of our facilities care for long-term vent patients. These are patients who may require hospitalization for unrelated pulmonary issues. They are stable on their vents; can these patients be cared for on a Med-Surg Unit? Again they are not hospitalized for their pulmonary condition.*

A: This is outside the scope of these regulations. The patient's condition as assessed by the physician and nurse, and reflected in the PCS, and the patient's level and intensity of care needs, will determine the appropriate placement of patients on the various units. Regardless of the unit placement, of course, the nurse assigned to the patient would have to demonstrate current competence in the care of ventilator-dependent patients.

- 2. Q:** *Several months ago you told us that a mixed unit staffing should be based on Med/Surg of 1:6 and the acuity will drive up the staffing for those "mixed" patients housed on that floor. You site (sic) Peds, but during our conversations we discussed telemetry patients. The example we discussed was a 24 bed Med/Surg floor with capacity for monitoring eight telemetry patients. As long as the telemetry patients constitute less than 50% of the unit, you indicated this would be a mixed unit and staffing would be based on Med/Surg with the PCS driving staffing up for this patient population.*

Since you do not mention this in the Statement of Reasons would you please address this is (sic) your Q and A.

A: Units which may include mixed patient populations of diverse diagnoses and diverse age groups who require care appropriate to a medical/surgical unit are addressed at 22 CCR 70217(a)(11). For all the reasons outlined in the Statement of Reasons describing the rationale for 70217 (a)(11), CDHS believes that the acuity of patients in mixed units of acute care hospitals warrants a minimum nurse-to-patient ratio of 1:6. The PCS will continue to coexist with the minimum ratios to require an increase in nurse staffing in response to increased patient acuity and/or the needs of the specific patient population, e.g. telemetry patients. Please note the new regulation at 22 CCR 70217 (a) (14) which states, "Identifying a unit by a name or term other than those used in this subsection does not affect the requirement to staff at the ratios identified for the level or type of care described in this subsection."

- 3. Q:** *What staffing would facilities need to maintain for fetal demise deliveries on a med/surg floor?*

A: All patients on a med/surg unit must receive a minimum nurse staffing ratio of 1:6. The PCS will coexist with the ratio requirements to increase nurse staffing in response to patients' needs. Also, current regulation at 22 CCR 70215 (c) already requires that, "The nursing plan for the patient's care shall be discussed with and developed as a result of coordination with.....staff of other disciplines involved in the care of the patient." These patients may, for example, require coordination of care with psychology service or social service staff, pastoral care staff, discharge planning staff, etc.

H. Outpatient and Inpatient Units

- 1. Q:** *Several units – OB and Oncology – do outpatient procedures on the units. They could be OB checks, stress tests, chemotherapy etc. The patients are not inpatients but outpatients. We consider these patients to be outpatients and therefore, do not fall under these regulations. Is this correct?*

A: If the outpatients are cared for in an outpatient service of the hospital as defined at 22 CCR 70525, they are not covered by these regulations. If, however, the outpatients occupy inpatient beds on inpatient units and are assigned to

nurses on those units, then those patients must be counted as part of the nurse's assignment and are included in the ratios. In the case of OB checks, 70217(a)(3) specifies that the nurse-to-patient ratio for antepartum patients who are not in active labor is 1:4. "Stress tests" are done on perinatal units; a different kind of "stress test" is done on coronary care, telemetry and medical/surgical units. The appropriate ratio for the unit type applies.

Outpatients receiving chemotherapy on an inpatient oncology unit would be counted in the nurse's maximum assignment of 1:5, which is the ratio for specialty care units at 22 CCR 70217(a)(12). If the outpatients are receiving chemotherapy on a medical/surgical unit, they would be counted in the nurse's maximum assignment of 1:6. Where those patients are placed, and the level of staffing they receive, shall be determined by their needs as assessed by their physician or nurse and reflected by the PCS. On each unit, the applicable minimum ratio applies, regardless of whether the nurse has an assignment of inpatients only, mixed outpatients and inpatients, or outpatients only so long as those outpatients occupy inpatient beds in inpatient units.

2. **Q:** *If a hospital has an ED with an attached "clinic" that patients are referred to for minor issues, but the beds are on the hospital license do these patients fall under the 1:4 requirement. Frequently, these patients are seen by Physician Assistant's or Nurse Practitioner's.*

A: Emergency Room beds are not counted on the license (22 CCR 70419(b)). Is this an outpatient service or part of the Emergency Department? If the hospital has an outpatient "clinic" service on its license, then it is not part of the emergency department and is not covered by the ratios, and the hospital needs to follow the Outpatient Service regulations at 22 CCR 70525-70533. If the clinic is on the license as part of the hospital's emergency department, then the hospital needs to follow all of the Comprehensive Emergency Medical Service (22 CCR 70451-70459), Basic Emergency Medical Service (22 CCR 70411-70419), or Standby Emergency Medical Service (22 CCR 70649-70657) regulations, and the ratios apply for Basic and Comprehensive (22 CCR 70217(a)(8)).

3. **Q:** *In M/C (sic) units where out patient procedures are performed and the staff may care for both inpatients and outpatients at "any one time" how do we apply the ratios since outpatients are not included in these proposed regulations?*

A: We are not familiar with the acronym "M/C units" and assume that you are inquiring about medical/surgical (M/S) units. If the outpatients are cared for in an outpatient service of the hospital as defined at 22 CCR 70525, they are not covered by these regulations. If, however, the outpatients occupy inpatient beds on inpatient units and are assigned to nurses on those units, then those patients must be counted as part of the nurse's assignment and are included in the ratios.

I. Patient Classification Systems (PCS)

1. **Q:** *The proposed ratios represent a minimum staffing level and patients with higher acuity, such as an agitated brain injury patient or an impulsive CVA patient is assessed at a higher acuity and therefore requires more nursing hours or a lower ratio than 1:6, possibly 1:4 or 1:3.*

A: That is correct. Current regulations include PCS, mandated at 22 CCR 70053.2 and 70217(b) to (q). These regulations require that hospitals have a system to determine nursing care needs based on individual patient care requirements. The PCS will co-exist with the mandated minimum ratios to increase staffing as patient acuity increases.

2. Q: *The acuity of a unit's patient population varies and depends upon the random mix of patients admitted during a specific period of time. Thus, how will DHS decide which is a specialty unit and which is not?*

A: Please refer to the definition of specialty care units and medical/surgical units included in the regulations at 70217(a)(11) and (12). A medical/surgical unit is defined as " ...a unit...in which patients, who require less care than that which is available in intensive care units, step-down units, or specialty care units receive 24 hour inpatient general medical services, post-surgical services, or both general medical and post-surgical services. These units may include mixed patient populations of diverse diagnoses and diverse age groups who require care appropriate to a medical/surgical unit." All units contain patients whose acuity varies, and that does not change the essential character of the unit. All patients must receive care based on an assessment of their need for care. If a patient is on a medical/surgical unit and his/her acuity increases, the PCS must increase staffing, to the specialty care unit level and beyond if necessary, to meet the patient's needs. CDHS is more concerned that hospitals meet the needs of the patients than about the name that the hospital gives to a unit.

3. Q: *As patients progress through their rehabilitation program, ideally becoming more independent and self-sufficient, their acuity and corresponding nursing hours required to care for them usually decrease. Therefore a newly admitted patient may require a lower nurse-to-patient ratio than a patient near discharge. How will this essential element of rehabilitation be addressed?*

A: This progress of patients toward increasing independence and decreasing acuity as discharge approaches is the ideal for all patients, not just rehabilitation patients. The Patient Classification System (PCS), already required in regulation, will remain in place to augment licensed staff and to dictate the skill mix required to meet each patient's individual needs. The staffing for each unit will be dictated by the PCS with the minimum licensed nurse-to-patient ratios providing the baseline staffing for each unit, below which staffing shall not fall. Because these ratios are mandated to be the minimum level to protect health and safety, they should be thought of as the ratios that would be in place on the slowest shift when the patients are least acute.

4. Q: *Patient acuity is assessed each shift by a professional nurse and may change from shift to shift. How will the proposed regulations address this issue?*

A: Patient's acuity varies on all units. That does not change the essential character of the unit. All patients must receive the amount of nurse staffing their acuity demands regardless of their placement on a specific unit, as determined by the PCS. The hospitals must have a system for determining the nursing staff needs of the patients.

2. Specific Unit Questions:

A. Post Anesthesia Care Units

1. Q: *For the PACU— A number of facilities have two levels of post anesthesia units. Level One – which is the traditional recovery unit with 1:2 Ratio. What is the staffing ratio for a Level Two Recovery unit? The level 2 cares for outpatients and post-procedural patients.*

A: All patients in a recovery room or Post Anesthesia Care Unit (PACU) are post-procedural. If the level 2 recovery room (PACU) cares for outpatients only, and the PACU is a part of outpatient services and is not part of an inpatient area, the regulations would not apply. These regulations do not address outpatient services provided by acute care hospitals. Regulations governing outpatient services have not changed. They can be found at 22 CCR 70527-70533. The specific requirements for outpatient service staff are at 22 CCR 70529 (c) and (d) that reads: "A registered nurse shall be responsible for the nursing service in the outpatient service. There shall be sufficient nursing and other personnel to provide the scope of services offered."

- 2. Q:** *For the PACU--What is the CDHS position on staffing of a post anesthetic care unit at night and weekends to be in compliance with Title 22? Is it necessary to have two PACU nurses called in at night and on weekends to care for post-anesthetic patients? Is it sufficient to utilize the OR circulator as the second nurse? In the event the OR circulator is unavailable, is a CNA sufficient as the second person?*

A: 22 CCR 70217(a)(7) requires, "The licensed nurse-to-patient ratio in a Post Anesthesia Care Unit of the anesthesia service shall be 1:2 or fewer at all times, regardless of the type of anesthesia the patient received." If two nurses are required based on patient acuity as reflected in the PCS, or because there are more than two patients in the unit, two nurses would be required. If there is only one or two patients in the PACU and the PCS does not require additional staffing, only one nurse would be required. If the OR circulating nurse has demonstrated current competence for PACU nursing services to the hospital, and is not needed in the OR, that nurse may care for patients in the PACU. Any nurse with demonstrated current competence for the PACU may care for patients in the PACU. A CNA can never be used as a substitute for a licensed nurse. CNAs can work in an assistant capacity to the licensed nurses in the PACU, as directed by the PCS.

B. Pediatric Units

- 1. Q:** *For Pediatrics-- What definition of pediatrics are you using for the Pediatrics Unit and for those pediatric patients on the "mixed" medical/surgical floor?*

A: We are using the definition currently in regulation (Title 22 CCR 70535) for Pediatric Units. It reads, "Pediatric Service Definition: Pediatric service means the observation, diagnosis and treatment (including preventative treatment) of children and their illnesses, injuries, diseases and disorders by appropriate staff, space, equipment and supplies." We are using the definition already in regulation at 22 CCR 70537(d) for pediatric patients in both pediatrics units and mixed units. It reads, "Pediatric Service General Requirements: Patients beyond the age of 13 shall not be admitted to or cared for in spaces approved for pediatric beds unless approved by the pediatrician in unusual circumstances and the reason documented in the patient's medical record."

C. Rehabilitation Units

- 1. Q.** *Will freestanding rehab units fall under these regulations? We understand the department is now considering rehab units that are licensed on the hospital licensure as medical/surgical (units which) (sic) need to meet the 1:6 regulation, but what is the plan for free standing units?*

A: If the rehabilitation services are a supplemental service on a general acute care hospital license, it makes no difference whether the service is provided in an inpatient unit or a freestanding unit because, from a regulatory viewpoint, they are the same. Rehabilitation services may be specialty care units if they meet the definition included at 70217(a)(12). It is also possible that a rehabilitation unit would be classified as a medical/surgical unit (see 70217(a)(11)) depending on the acuity and care needs of the patients. Freestanding rehabilitation hospitals are licensed as general acute care hospitals, and units within them may be specialty care or medical/surgical care units.

CDHS refined the definition of "specialty care unit" in the regulations to better differentiate between the care required in the ICU/CCU, step-down, specialty care, and medical/surgical units. The minimum safe nurse-to-patient ratio in specialty care units is 1:5 or fewer at all times. The ratio required for medical/surgical units is 1:6 or fewer at all times.

This is clinically appropriate because of patient acuity and the required level of care. The care required in specialty care units results in more nursing hours at the bedside to perform all the tasks accomplished on medical/surgical units plus additional nursing tasks, including the administration, continual monitoring, and patient evaluation of response to medications which can potentially cause life-threatening adverse reactions.

CDHS did not set a specific minimum numerical licensed nurse-to-patient ratio for rehabilitation units because the patient cohorts and patient acuity in rehabilitation units varies so greatly from hospital to hospital and unit to unit. The patients' diagnoses in these units can range from an acute traumatic brain injury to extended recovery from an uncomplicated hip surgery. Those rehabilitation units that meet the definition of "specialty care unit" should be staffed at that level, and those rehabilitation units that meet the definition of "medical/surgical care unit" should be staffed at that level. Please see the proposed regulations at 70217(a)(11) and (12).

- 2. Q: *For Rehab--Will you be adding discussion on rehab units to your Statement of Reasons? You did not mention rehab facilities at all during this process and now we understand you are including as Medical/Surgical patients we would also like to see this addressed in the Statement of Reason (sic).***

A: There is an extensive discussion on rehabilitation units in addenda II and IV that are part of the Final Statement of Reasons. Those documents are available on the Department's website at www.dhs.ca.gov (click on "Regulations"). CDHS did not include rehabilitation patients as Med/ Surg patients. CDHS did not set a specific minimum numerical licensed nurse-to-patient ratio for rehabilitation units because the patient cohorts and patient acuity in rehabilitation units varies so greatly from hospital to hospital and unit to unit. The patients' diagnoses in these units can range from an acute traumatic brain injury to extended recovery from an uncomplicated hip surgery. Those rehabilitation units that meet the definition of "specialty care unit" should be staffed at that level, and those rehabilitation units that meet the definition of "medical/surgical care unit" should be staffed at that level. Please see the proposed regulations at 70217(a)(11) and (12).

D. Emergency Departments

- 1. Q. *Several hospitals express concern over EMTALA violations – given the rural facilities need to transfer patients to larger Medical Centers for care but if the Medical Center is closed because of lack of staffing what is the Rural site to do?***

A: The rural hospitals must have a policy and procedure already in place for how they handle situations when they cannot transfer. These regulations will not change those policies.

2. Q: *How will the ratio regulations affect Standby Emergency Rooms?*

A: The regulations governing standby emergency medical services in current regulation at 22 CCR 70649 through 70657 have not changed. The staffing requirements are at 22 CCR 70653(c) and (d). Those requirements are, "A registered nurse shall be immediately available within the hospital at all times to provide emergency nursing care. There shall be sufficient other personnel to support the services offered." These new regulations address staffing only for emergency medical services classified as comprehensive or basic in general acute care hospitals.

E. Neonatal Intensive Care Units/Nurseries

1. Q: *The regulations clearly define staffing in the NICU but other nurseries (sic). What staffing ratios apply to these areas?*

A: Current regulation [Title 22 CCR 70549(e)(2)] requires that a ratio of one licensed nurse to eight or fewer infants shall be maintained for normal infants.

F. Chemical Dependency Recovery Units

1. Q: *Our unit is a 28 bed Chemical Dependency Recovery Unit (D/P) under the "Bed Classifications/Services" in a General Acute Care Hospital. Our unit does not appear to be under the heading of any of those listed. We also employ full-time Certified Alcohol/Drug Counselors as part of our staffing, which is not mentioned in the statute either. How am I supposed to staff?*

A: Current regulation at 22 CCR 70006 for General Acute Care Hospitals (GACH's) defines the Acute Care Psychiatric Bed Classification as, "beds designated for acute psychiatric, developmentally disabled, or drug abuse patients receiving 24-hour medical care." Therefore, if your unit is a service on the GACH license, it would be considered a psychiatric service unit, and the licensed nurse-to-patient ratio of 1:6 required at 70217(a)(13) applies. These proposed ratios apply to licensed nurses and licensed psychiatric technicians only. Employing professionals from other disciplines (social services, psychology, music therapy, recreational therapy, teaching, etc.) in order to create the psychotherapeutic milieu will be reflected by the PCS, which will remain in place to enrich staffing above the minimum in response to patient acuity and patient care needs. These proposed regulations do not limit the use of professionals from other disciplines, and that includes Certified Alcohol/Drug Counselors. Because these ratios are mandated to be the minimum level to protect patient health and safety, they should be thought of as the ratios that would be in place on the slowest shift when the patients are least acute.

2. Q: *Would having the beds licensed as a Chemical Dependency Recovery Hospital exempt the beds from these ratio requirements?*

A: These ratio requirements regulate only general acute care hospitals licensed pursuant to subdivision (a) of HSC section 1250. Since CDRHs are licensed pursuant to HSC section 1250.3, they are not affected by the ratio requirements.

However, per HSC 1250.3 subsections (c) and (d), whenever chemical dependency recovery services are being provided in a General Acute Care Hospital (GACH), in an Acute Psychiatric Hospital (APH), or in a freestanding building owned or leased by the GACH or APH and on the same premises or adjacent premises within a 15-mile radius and under the administrative control of the GACH or APH, those services must be provided as a supplemental service and in a distinct part. So, a chemical dependency recovery service provided by a GACH must be a supplemental service provided in a distinct part of the facility or a freestanding building and is subject to the ratio in these regulations of one nurse to six patients.

A chemical dependency recovery hospital is a separate category of health facility licensure established by HSC 1250.3 with licensing standards established in 22 CCR. Nothing would preclude an entity that holds a GACH or APH license from making a completely separate application for licensure as a CDRH, so long as those chemical dependency recovery services were not being provided by, nor under the administrative control of, the GACH or APH. The applicant would have to meet all requirements to operate a CDRH.

G. Psychiatric/Behavioral Health Units/Facilities

1. ***Q. Is a psychiatric facility exempt from the ratios? I have dual licensure for acute care and psychiatric facility. Does federal certification exempt the facility from the ratios?***

A: These regulations apply to all General Acute Care Hospitals licensed at HSC 1250 (a). They include a ratio regulation for psychiatric services within a general acute care hospital, at 22 CCR 70217(a) (13). The regulations do not apply to facilities licensed as Acute Psychiatric Hospitals (APHs) at HSC 1250 (b). Ratios regulating licensed nurse staffing in APHs are under development at CDHS. Federal certification does not exempt a facility from these regulations. All hospitals are required to maintain continuous compliance with all licensing requirements per 22 CCR 70129(a).

3. Other:

- A1. ***Q: When can we anticipate see (sic) the proposed ratios for SNFs and HBDPs?***

A: The regulations that will set minimum levels of licensed nurses in skilled nursing facilities and hospital-based distinct part units are currently under development at CDHS. When they will be ready for public comment is yet to be determined. Those regulations are not a part of this rulemaking package.

- B1. ***Q: Can an employer in their attempt to meet the nurse-to-patient ratios that are to be implemented in January 2004, fire all the CNAs, without hiring additional RNs or LVNs, and then place that additional workload on the RNs? This was done at my facility. I have heard from some union personnel that it's illegal to assign an unlicensed person assignments (sic) or work load to a licensed person. Could you please clarify this?***

A: The licensed to non-licensed staff skill mix is determined by patient care needs according to the facility's PCS and the individual hospital's staffing policies. These regulations do not address the minimum number of non-licensed staff per patient; these regulations address only licensed nurse-to-patient ratios, as mandated by statute (HSC 1276.4). This new law (HSC 1276.4) did not give CDHS a mandate to include unlicensed assistive personnel, or any other types of professional staff beyond licensed nurses, in the ratio regulations. HSC 1276.4 (b) states, "These ratios shall constitute the minimum number of registered and licensed nurses that shall be allocated. Additional staff shall be assigned in accordance with a documented patient classification system for determining nursing care requirements..." These proposed regulations, then, set the minimum numerical licensed nurse-to-patient ratio in order to protect the health and safety of patients in California's general acute care hospitals. The minimum standard is just that, a minimum, and patients' health and safety must be protected at all times by competent caregivers.

Whether an unlicensed person's assignment can be assigned to a licensed person may be a contract issue, but it is not a regulatory issue. There is nothing that is within the scope of practice of a CNA that is outside the scope of practice of an RN or an LVN, so assigning CNA duties to a licensed nurse would not violate these regulations, nor would it violate the scope of practice provisions of the Business and Professions Code.

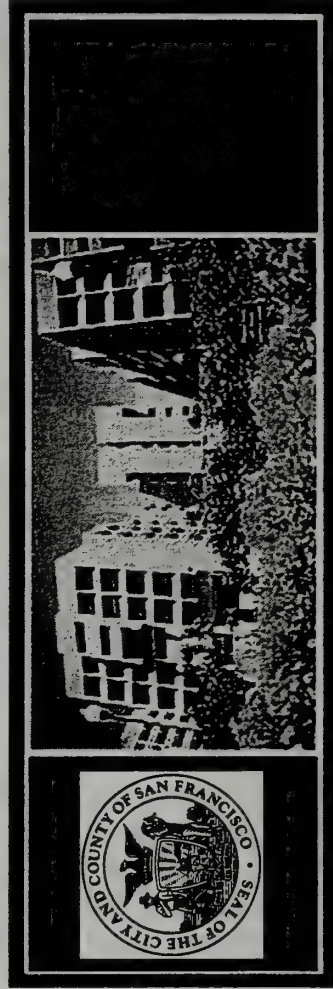
C1. Q: *I am all for safer ratios, but our problem is not enough nurses for our units. Maybe DHS can check out hospitals that cannot attract nurses due to lack of funds, etc., and have to rely on travel nurses to fill the demand, and figure out ways to hire and retain our staff?*

A: For all of the reasons outlined in the Final Statement of Reasons, CDHS believes that the ratio regulations as adopted for each unit are the minimum numbers of licensed nurses necessary to protect the health and safety of patients in California's acute care hospitals. It would be inappropriate for CDHS to comment on the strategies used by individual providers to comply with these regulations. The methods used to comply with regulations, whether they include the use of registry nurses, traveling nurses, increased recruitment, or other methods, are the purview of the individual hospital's governing body. It is also possible that improving staffing in hospitals may create a work environment that enhances nurses' job satisfaction and facilitates recruitment and retention efforts. Addressing this issue, however, is outside the scope of these regulations.



SFGHMC Rebuild Concepts

Prepared for
**Joint Conference Committee
San Francisco General Hospital**



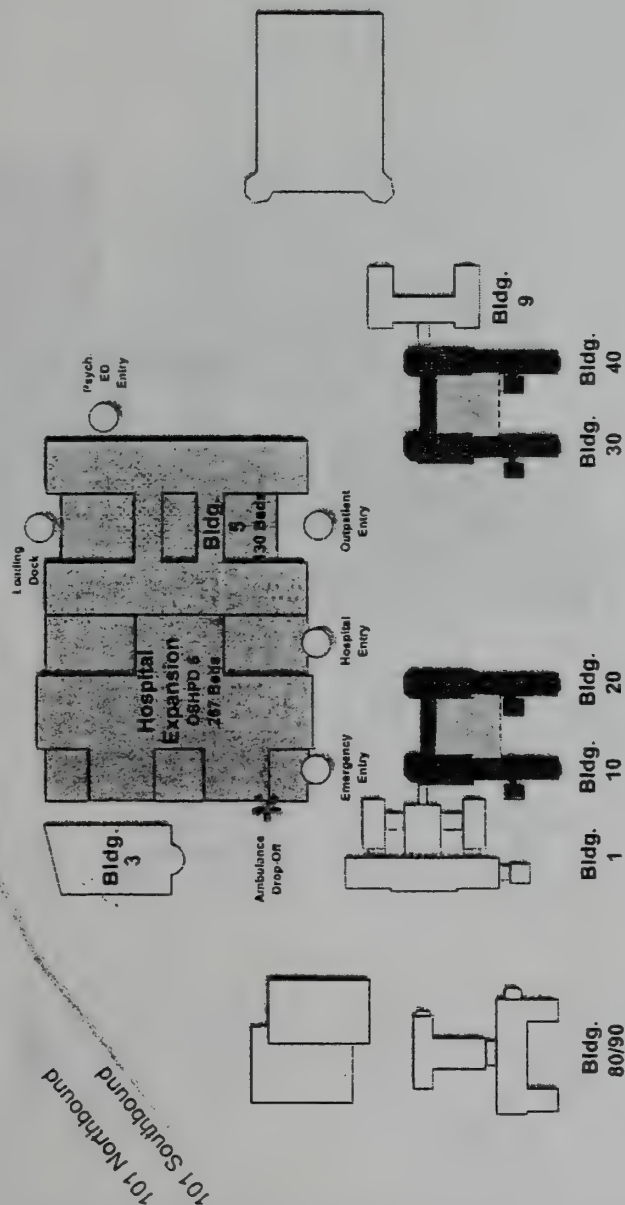
January 13, 2004

SFGH Institutional Master Plan

Concept A-1

NORTH OPTION
267 NEW BEDS
130 RENOV. BEDS
397 BEDS TOTAL

- NEW HOSPITAL BLDG
- PARTIAL RENOV. OF EXISTING HOSPITAL
- UPGRADE & RENOVATE 10/20 & 30/40 FOR CLINICS OR RESEARCH
- \$550M BOND
- \$140M UMB
- \$690M TOTAL**



☐ Existing ☒ Non-Bond Funded ☐ Bond Funded

December 30, 2003 **SFGH Institutional Master Plan**

Concept A-2

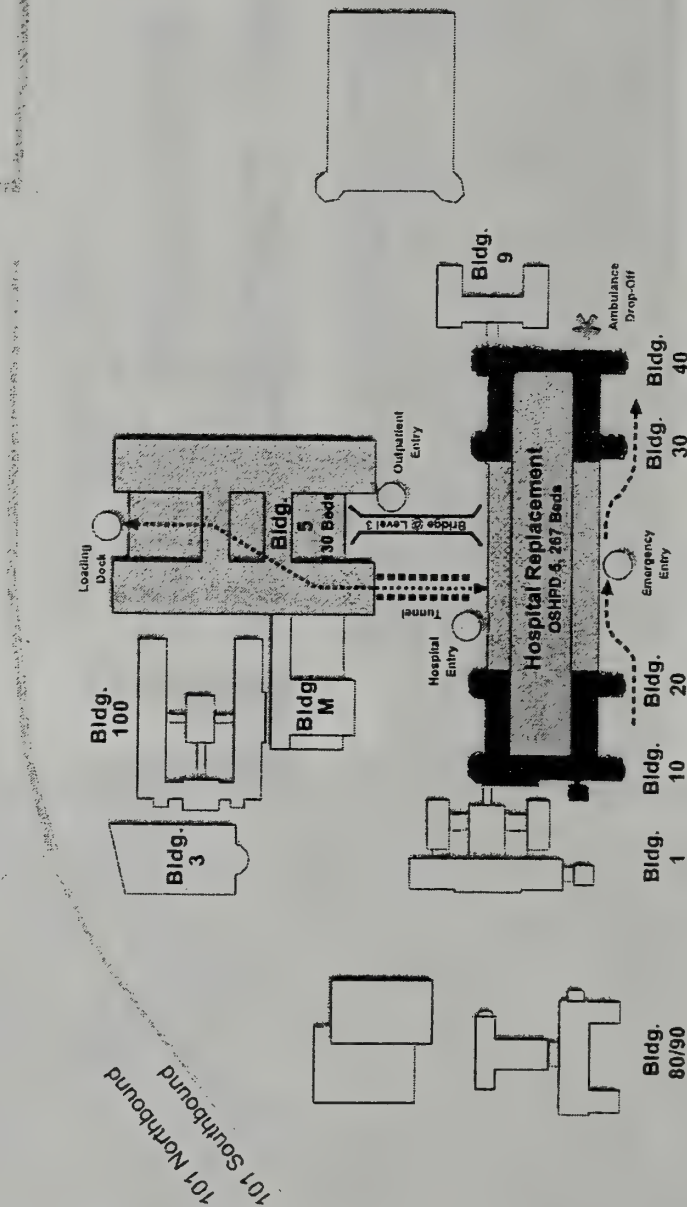
WEST OPTION

267 NEW BEDS
130 RENOV. BEDS
397 BEDS TOTAL

•PARTIAL RENOV.
OF EXISTING
HOSPITAL

•UPGRADE &
RENOVATE 10/20 &
30/40 FOR
HOSPITAL

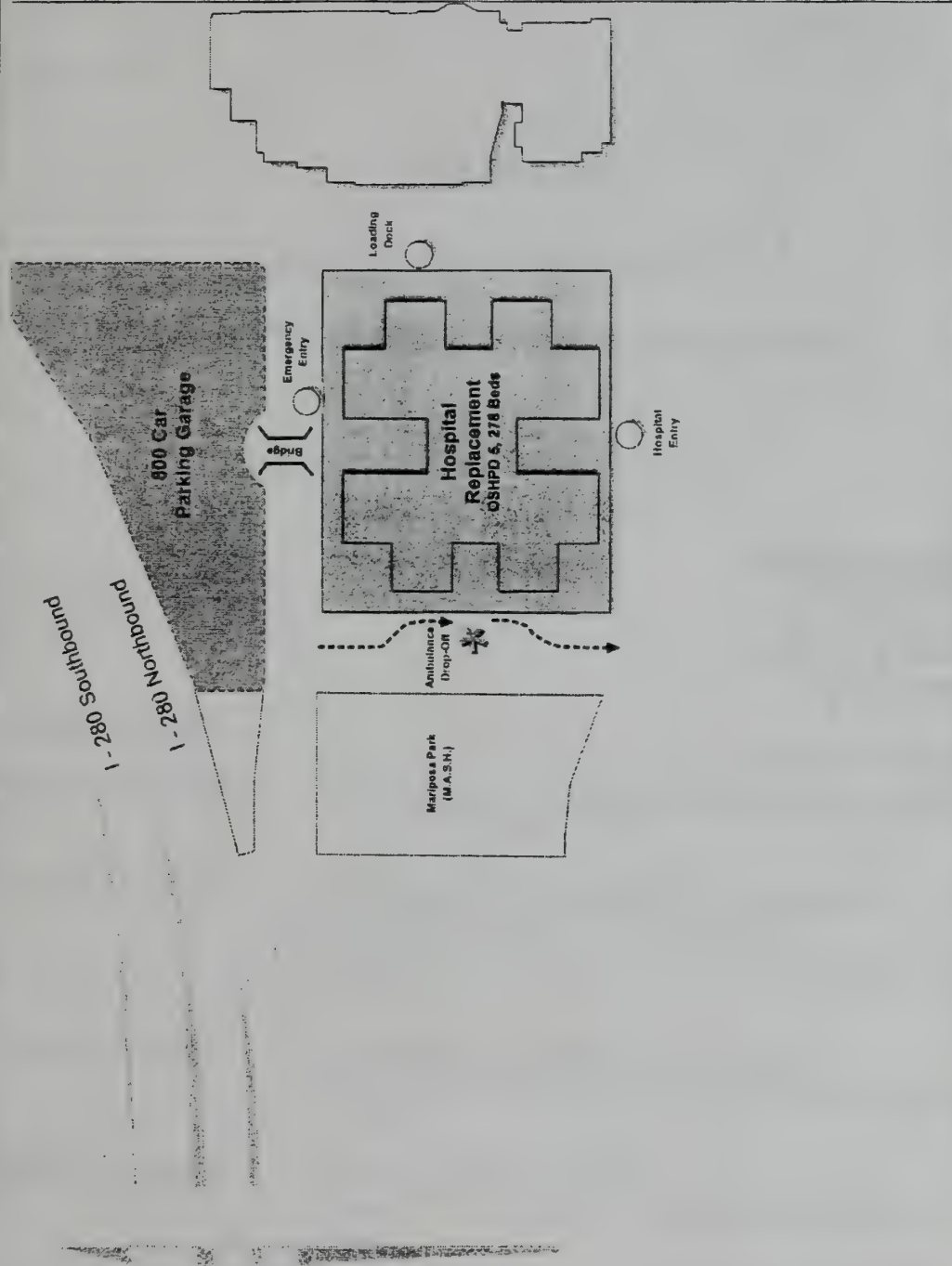
\$476M BOND
\$140M UMB
\$616M TOTAL



☐ Existing ☒ Non-Bond Funded ☐ Bond Funded

December 30, 2003 **SFGH Institutional Master Plan**

Concept B-1



MISSION BAY
OPTION

278 NEW BEDS

•NEW ACUTE CARE
HOSPITAL ONLY AT
MISSION BAY

\$550M BOND

\$43M PARKING

☐ Existing
 ☒ Non-Bond Funded
 ☐ Bond Funded
 December 30, 2003
 SFGH Institutional Master Plan

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

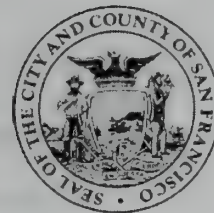
David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: <http://www.dph.sf.ca.us>

AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, February 10, 2004

3:45 p.m. - 5:30 p.m.

1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

DOCUMENTS DEPT.

Commissioner Harrison Parker, Sr. DDS, Chair
Commissioner Lee Ann Monfredini

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF MINUTES OF JANUARY 13, 2004
**Minutes of January 13, 2004*
- 3) FOR DISCUSSION: HOSPITAL ADMINISTRATOR'S REPORT
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*
- 4) FOR DISCUSSION: PATIENT CARE SERVICES REPORT
(Terry Dentoni, Nursing Director for Perioperative Services)
**Report*
- 5) FOR DISCUSSION: SFGH REBUILD UPDATE
(Gene O'Connell, Executive Administrator, SFGHMC)
**Update*

6) **PUBLIC COMMENT****

7) **CLOSED SESSION**

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session
- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES
OF JANUARY 13, 2004**

**FOR DISCUSSION
AND POSSIBLE
ACTION:** **MEDICAL STAFF REPORT**
Valerie Ng, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Valerie Ng, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY
OF CARE AND PERFORMANCE IMPROVEMENT**
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

- 1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)(2) and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

8) **ADJOURNMENT**

* Explanatory documents are available at the Joint Conference Committee, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us**.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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MINUTES

**JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING**

Tuesday, February 10, 2004
3:45 p.m. - 5:30 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

DOCUMENTS DEPT.

MAR - 5 2004

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1) CALL TO ORDER

The meeting was called to order by Commissioner Parker at 3:50 p.m.

Present: Commissioner Harrison Parker, Sr., DDS, Chair

Absent: Commissioner Lee Ann Monfredini

Staff: Sue Carlisle, M.D, Anne Chang, Terry Dentoni, Myra Garcia,
John Luce, M.D., Anson Moon, Kathy Murphy, Renee Navarro, M.D.,
Gene O'Connell, Roland Pickens, Hiro Tokubo

2) APPROVAL OF MINUTES OF JANUARY 13, 2004

Action Taken: The Committee approved the minutes of the January 13, 2004 San Francisco General Hospital Joint Conference Committee meeting.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Executive Administrator, SFGHMC, presented the Hospital Administrator's Report.

Program Updates

Mental Health Rehabilitation Facility (MHRF) Update

Following the Health Commission's adoption of recommendations from the MHRF Blue Ribbon Committee and a resolution authorizing program changes at the MHRF, managers at SFGH, Community and Behavioral Health Services (CBHS), and Housing and Urban Health met to clarify next steps for seeking the needed licensure changes to add to skilled nursing a Mental Health Rehabilitation Center (MHRC), a residential care facility, and a residential treatment facility with day treatment. SFGH Quality Management staff will be pairing up with CBHS staff to identify key programmatic and facilities issues for a future meeting with the licensing agencies of the California Department of Mental Health, Social Services, and Health Services. Hiro Tokubo, Director of Quality Management; Sharon McCole Wicher, Director of Behavioral Health Services at SFGH; and Sue Currin, Chief Nursing Officer; are leading the planning and implementation of MHRF licensure and programmatic changes.

American College of Surgeons Level I Trauma Center Site Survey: March 18-19

Trauma Program staff are completing the final five weeks of preparation before the ACS Trauma Center Level I Site Survey. The ACS Trauma Center verification survey concentrates on both physician practice and the multidisciplinary approach that SFGH employs in the care of the injured patient. Areas of SFGH that will be directly surveyed include: ED, Radiology, OR/PACU, ICU, 4D/Trauma Nursing Unit, and Rehabilitation Services. Open and closed medical record reviews will be conducted. All physician services involved in the care of the injured patient are also included. An extensive pre-survey questionnaire will be sent to the College within the next week that describes the organization of Trauma Center programs, care delivery structures, quality and performance improvement mechanisms for trauma care, physician resumes, education and research inventories and SFGH injury prevention initiatives. Dr. Robert Mackersie, SFGH Trauma Director, and Patti O'Connor, RN, MS, SFGH Trauma Program Manager, are leading the survey efforts.

SFGH Air Medical Access Project Update

In December 2003, a request for qualifications (RFQ) was advertised for selection of an environmental review contractor, initiating Phase II of the Air Medical Access Project. The environmental review process is under the direction of the City and County of San Francisco's Department of Planning; a City Planner has been assigned to SFGH who participated on the technical review team to select the contractor. Turnstone Consulting has been selected as the contractor and negotiations are now in progress. SFGH plans to present the Turnstone contract at a March Health Commission meeting in order to begin work on the environmental review by the end of March. Community Outreach activities will be handled by Al Williams Consultancy and O'Rourke, Inc. in collaboration with SFGH and Turnstone.

In addition, an Air Medical Access public web page has been created. The web page has been "live" since December 11, receiving 91 "hits" to date with no requests for additional information.

SFGH Pediatric Asthma Clinic Recognized by the CDC

The SFGH Pediatric Asthma Clinic has been selected by the Centers for Disease Control and Prevention (CDC) for national recognition for its work as a leading contributor to the YES WE CAN collaborative, an intervention that encompasses the delivery of optimal medical care, clinical case management, social case management by community health workers, home environmental remediation, and support and education for providers. The YES WE CAN demonstration project was funded by the California Endowment and is led by a Steering Committee co-chaired by Dr.

David Ofman, medical director for Primary Care, and Professor Mary Beth Love of San Francisco State University, with participants from 17 San Francisco organizations concerned with improving clinical care in asthma among safety net providers. Dr. Shannon Thyne, medical director for the Children's Health Center, heads up research and evaluation efforts. The CDC's National Center for Environmental and Respiratory Health conducted a rigorous review of evidence-based interventions; YES WE CAN was only the sixth asthma intervention ever to be selected for national publication. The clinic will be written up in a detailed case study and published as a toolkit to promote lessons learned and nationwide replication of its comprehensive multi-pronged intervention.

JCAHO Readiness Kickoff for 2005 Survey

On Tuesday, January 27, the Quality Management department held a kickoff at Management Forum with the theme "Bring It On," to prepare SFGH for its anticipated Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey in 2005. A video from JCAHO demonstrating the use of its new tracer methodology for surveying sites was shown to attendees. Hiro Tokubo, Director of Quality Management, and Lawrence Marsco, Manager for JCAHO Regulatory Affairs and Patient Safety Officer, have been meeting with front-line managers to discuss the impact of revisions to Joint Commission standards and the adoption of a new scoring system that defines elements of performance that determine compliance with each standard. SFGH managers and associate administrators have been designated into teams responsible for each chapter of the Joint Commission standards.

Radiology Technologist Vacancies

Since FY 1999-2000, Radiology Technologist vacancies have increased from nearly zero to the present vacancy rate of 17%. As of January 31, 2004, there are 12.0 FTEs vacant in this classification, causing greater reliance on the Radiology Tech registry contract. Currently, SFGH has budgeted spending authority of \$600,000 for its Radiology Tech registry; however, actual annual spending for the last two years has been in excess of \$1.0 million. Consequently, SFGH is seeking authorization for a spending increase of its contract to \$1,500,000 for the current fiscal year 2003-04, which will be reviewed at a March Health Commission hearing.

Events

"Hearts in San Francisco" Campaign

The San Francisco General Hospital Foundation is kicking off its "Hearts in San Francisco" campaign on Valentine's Day, February 14, at 10 a.m. in Union Square. 130 five-foot heart-shaped structures will be transformed by renowned artists such as Michael Osborne, the designer of the popular 2002 Love stamp, and *San Francisco Chronicle* cartoonist Phil Frank, and displayed throughout the Bay Area during the spring and summer of 2004. A select few will be auctioned off in November, proceeds to benefit programs at San Francisco General Hospital. Designated locations for these structures include Union Square, Yerba Buena Gardens, Telegraph Hill, Stern Grove, the Embarcadero, Twin Peaks, and Golden Gate Bridge's Vista Point. Volunteers will serve as walking tour guides for visitors.

Avon Comprehensive Breast Center

The Avon Comprehensive Breast Center modular buildings are in place and undergoing renovation on a site across from Carr Auditorium. Completion of the project to expand mammography services is currently on schedule; the grand opening is scheduled to occur on May 14, 2004.

Staff News

Dr. Sue Carlisle, M.D., Ph.D., Named New UCSF Associate Dean

Dr. Sue Carlisle, M.D., Ph.D., has been named by the UCSF School of Medicine Dean as the new Associate Dean at SFGH, succeeding Dr. Phil Hopewell. Dr. Carlisle has worked closely with Gene O'Connell and managers at SFGH for the past year as Interim Associate Dean, Chief of Service for Anesthesia at SFGH, and Vice Chair of the Department of Anesthesia and Perioperative Care at UCSF. She received her medical degree from University of Pennsylvania and her Ph.D. in Parasitology and Cell Biology at Tulane University. She has received numerous accolades, including Outstanding Resident and Outstanding Clinical Faculty while at UCSF, and a teaching award from St. Mary's Residents while practicing at French Hospital. She was born and raised in rural Louisiana and has one daughter and one granddaughter.

Gene O'Connell has been named Chair of the California Association of Public Hospitals and Health System's (CAPH) California Health Care Safety Net Institute (SNI). SNI examines key community health issues, demonstrates and evaluates innovative strategies, shares best practices, and promotes a broader understanding of the role of public hospitals and health systems in promoting community health.

Commissioners' Comments

- Commissioner Parker asked how the radiology technologist vacancy rate has impacted overall operations. Ms. O'Connell said it has resulted in a back up in outpatient and Emergency Department procedures. Mr. Pickens added that one of the FY 2004-2005 budget proposals is to use money from vacant positions to provide bonuses and hire technologists at Step 5. Commissioner Parker asked what impact a hospital rebuild at Mission Bay would have on a helipad at the Potrero site. Ms. O'Connell said the need for the helipad is immediate; they cannot wait for the new facility. If the hospital were rebuilt at Mission Bay, then there would be a helipad there.

4) PATIENT CARE SERVICES REPORT

Terry Dentoni, Nursing Director for Perioperative Services, presented the Patient Care Services Report (Attachment A).

Commissioners' Comments

- Commissioner Parker said that clearly recruitment and retention is an industry-wide problem. He asked if it is more problematic for public hospitals. Ms. Dentoni said that for perioperative services, the vacancy rate at SFGH is lower than the national average. SFGH has the only trauma center in the area, so it is very attractive to nurses. Dr. Parker noted that the cost of living in San Francisco must compound the problem.

5) SFGH REBUILD UPDATE

Gene O'Connell presented an update on the SFGH Rebuild. Ms. O'Connell summarized the SFGH Rebuild Work Plan (Attachment B). The Steering Committee has asked the consultants to evaluate an additional option of a retrofit plus some rebuilt facilities. One of the current options, A-2, rebuilding at Potrero on the front lawn, is both financially and operationally infeasible, and the

Steering Committee voted to remove this option from consideration. UCSF is considering building a Women's and Children's and Oncology hospital at Mission Bay. There is consensus that this type of hospital would work well with a co-located SFGH. Dr. Katz is meeting with Dean Kessler later in the week.

Commissioners' Comments

- Commissioner Parker said that it seems that until there is a firm deadline, rebuild discussions will continue. San Francisco needs a seismically safe public hospital, and we cannot let time overtake us. A decision needs to be made. Ms. O'Connell said that the review and analysis done to date has been valuable, even if the bond does not go forward this November. Commissioner Parker asked how much consideration is given in the alternatives analysis to where SFGH patients live. Ms. O'Connell said staff has examined this. The majority of SFGH patients use ambulatory services and diagnostic services, which would remain at Potrero even if the acute hospital were at Mission Bay. Further, there will be good public transit access to Mission Bay.

6) PUBLIC COMMENT

None.

7) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session

Action Taken: The Committee voted to hold a closed session

The Committee went into closed session at 4:38 p.m. Present in closed session were Commissioner Parker, Sue Carlisle, M.D., Anne Chang, Terry Dentoni, Myra Garcia, John Luce, M.D., Anson Moon, Kathy Murphy, Renee Navarro, M.D., Gene O'Connell, Roland Pickens, Hiro Tokubo and Michele Olson.

C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF JANUARY 13, 2004

Action Taken: The Committee approved the January 13, 2004 closed session minutes.

MEDICAL STAFF REPORT

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the February Credentials Report

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND
PERFORMANCE IMPROVEMENT**

D) Reconvene in Open Session

The Committee reconvened in open session at 5:04 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Committee voted not to disclose any discussion held in closed session.

8) **ADJOURNMENT**

The meeting was adjourned at 5:05 p.m.



Michele M. Olson

Executive Secretary to the Health Commission

Attachments (2)

PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, February 2004

Sue Currin, RN, MS, Chief Nursing Officer

San Francisco General Hospital

1. VACANCY RATE

AREA	RN VACANCY RATE	NUMBER VACANT FTE	TRAINING PROGRAMS IN PROGRESS
Med/Surg (includes 4A/SNF Unit and 4B/ Stepdown)	16.8%	26.7	TP started February, 2 RNs
Critical Care	13.37%	14.2	TP started February, 3 RNs
Perinatal	7.98%	5.1	TR ongoing, 1 RN new hire
Perioperative	7.11%	3.4	-0-
Emergency	27.22%	19.3	TP start date moved to March, unable to recruit
Psychiatry	8.40%	8.8	-0-

Overall, there are 86 RN, 28 LVN/LPT, 7 CNA, and 8 Unit Clerk FTE vacancies at SFGH.

As of February 2, 2004, there are 18 nurses on 13-week assignments from the registry at SFGH. The registry staff are being used to meet AB 394 Nurse-Patient Staffing Ratios. Twelve of the 18 nurses have been assigned to the Emergency Department. The year-to-date registry expenditures is \$450,600.

2. RETENTION AND RECRUITMENT

The Nursing Retention and Recruitment Committee selected Neil Llorando, R.N. as the January 2004 DAISY Award recipient. Neil works on Medical-Surgical Unit 6A and was selected for his outstanding clinical skills and dedication to patient care. His leadership skills as charge nurse, performance improvement coordinator and preceptor were noted as well as his extraordinary assessment and crisis management skills.

Retention and recruitment efforts have been bolstered by receipt of a \$10,000 grant from the San Francisco Foundation for the Dorothy Washington Scholarship Fund. Scholarships to nursing staff in BSN or MSN programs will be awarded during the Nurses Week festivities in the beginning of May.

In the past two months, we have participated in three different meetings with the Moore Foundation. The Moore Foundation has committed \$110 million for nursing in the five bay area counties. We are currently at work on a grant proposal for a Nursing Internship Program (an intensive training program for new graduate RNs) that we plan to discuss with the Moore Foundation. Additionally, a second Nurse Manager Development proposal is being coordinated with the SFGH Hospital Foundation.

Recruitment efforts this month will be focused on career fairs in Santa Clara (Nurseweek) and at the California Student Nurses Association Convention.

3. BIRTH CENTER/NEONATAL INTENSIVE CARE UNIT

The Nurse Manager for the Birth Center resigned as of January 9, 2004. One experienced Labor & Delivery RN assumed the role of designated Charge Nurse for the day shift and will help with schedules and daily operations. Administrative oversight is provided by the Infant Care Center Nurse Manager until an Interim Nurse Manager is appointed/hired.

SFGH recently requested a waiver for the California Children's Services (CCS) Regulation requiring a Clinical Nurse Specialist (CNS) for the Neonatal Intensive Care Unit as the recruitment efforts for the CNS position have been unsuccessful for the last 3 years. The hospital's proposal is to fill the position with a Nurse Practitioner. Both the NICU Medical and Nursing Directors have had contacts with Pediatric Nurse Practitioners who are qualified to fill the roles of an Advanced Practitioner for our NICU.

4. CRITICAL CARE

Our Critical Care Units (5E, 5R and 4E) are budgeted for 21 patients and has a maximum physical capacity of 30 patients. In January 2004, the average daily census was 25.3 with the peak of 34 patients on 15 days. We were able to handle the high census periods due to the dedication, commitment and teamwork demonstrated by our entire Critical Care Staff. Congratulations on a job well done!

5. HEMATOLOGY/ONCOLOGY

San Francisco General Hospital and the UCSF Division of Hematology/Oncology at SFGH are planning to submit a grant application to the Agency for Healthcare Research and Quality (AHRQ) to support the establishment of an Oncology IT system. Our goal is to install software that allows for a more enhanced, oncology-specific electronic medical record with computerized physician order entry and clinical decision support functionalities. This system will enhance patient safety and the quality of care provided to cancer patients on Outpatient Wards 86 and 4C, and Inpatient Unit 5A. AHRQ is investing \$50 million in a nationwide portfolio of grants to plan, implement, and demonstrate the value of health information technology.

6. CNS GRAND ROUNDS IN THE DEPARTMENT OF BEHAVIORAL HEALTH SERVICES

Diabetes is a growing problem in the United States. Patients with bipolar disorder and schizophrenia have a 2 to 4 times higher incidence of diabetes than the normal population and are dying from the complications of diabetes more often than they are of mental illness. It is hypothesized that both the medications given for mental illness as well as the sedentary lifestyle and diet of the seriously ill psychiatric patient contribute to the metabolic changes in these patients. These metabolic changes ultimately lead to Type 2 Diabetes.

The Clinical Nurse Specialists (CNS) in the Acute Behavioral Health Services Division presented a Grand Rounds on January 26, 2003 regarding diabetes in the seriously mentally ill patient. Prior to the grand rounds, the CNS gathered data comparing our current practices in the department to the standards recommended by the ADA. The data showed poor compliance with the standards, and in the presentation, the CNS discussed the confounding factors contributing to the poor compliance and presented recommendations to remedy the problem. The CNS are addressing the problem by educating staff, piloting a diabetic screening protocol, and establishing an interdisciplinary task force to develop treatment and education protocols. Another Performance Improvement study will be done in the summer to monitor the progression of compliance with the basic ADA standards for our vulnerable patient population.

Rebuild SFGH Work Plan (updated 2/4/04)

Date, Time, Location	Meeting	
1/5/04 3:30 – 5:30 PM 2789 25 th Street Room 2001	<i>Rebuild Steering Committee</i>	
	▪ Agree on Rebuild Planning Assumptions.	Completed
	▪ Agree on Rebuild Steering Committee Roles and Responsibilities.	Completed
	▪ Agree on Rebuild Steering Committee Process.	Completed
	▪ Agree on Rebuild Work Plan.	Completed
	▪ Review Rebuild location options.	Completed
	▪ Review	Completed
	○ Pros and Cons of threshold issues	Completed
	○ Additional threshold questions	Completed
	○ Additional Pros and Cons	Completed
	○ Additional Data Needs	Completed
1/13/04 3:45 – 5:30 PM SFGH Main Bldg, Rm 2A6	<i>SFGH – JCC</i>	
	Inform Joint Conference Committee and seek input on process, options, pros and cons, data needs.	Completed
1/14/04 6-8 PM 2789 25 th Street Room 2001	<i>Neighborhood Meeting</i>	Completed
	▪ Update Community on progress on Rebuild Steering Committee work.	Completed
	▪ Seek input for Steering Committee.	Completed
	▪ Follow-up	
	○ Add Teen Meeting	(scheduled for 2/18/04)
	○ Contact Community Groups	In Progress
	○ Update Website	Completed
1/26/04 3:30 – 5:30 PM 2789 25 th Street Room 2003	<i>Rebuild Steering Committee</i>	
	▪ Review new information/data.	Completed
	○ Legal opinion about using UMB money for acute hospital.	Completed
	○ Landmark preservation process for unreimbursed masonry buildings.	Completed
	○ Update on peer review of the original structural engineering analysis of existing hospital.	Completed
	▪ Review updated threshold issues pros and cons.	F/U @ next meeting
	▪ Discussion and Vote on size recommendation for Rebuild of SFGH.	Completed
	▪ Discussion and Vote on recommended continued use of current psychiatric wards on Potrero campus.	Completed
	▪ Discussion and Vote on recommended use of SNF beds.	Completed
	▪ Give update on community input from Neighborhood Meeting.	Completed

1/27/04 5 – 7 PM 2789 25 th Street Room 2001	<i>Combined Advisory Committee</i>	
	▪ Update broader advisory group on progress of Rebuild Steering Committee work.	Completed
	▪ Seek input for Steering Committee.	Completed
1/28/04 3 – 5 PM 2789 25 th Street Room 2001	<i>CHN – JCC</i>	
	▪ Inform Joint Conference Committee and seek input, options, pros and cons, data needs.	Completed
2/9/04 3:30 – 5:30 PM 2789 25 th Street Room 2003	<i>Rebuild Steering Committee</i>	
	▪ Review new information data. o Trauma Tower Retrofit-Rebuild Option (A-3)	
	▪ Review updated threshold issues and information sheets.	
	▪ Review option for co-location with UCSF Women's, Children's, Oncology Hospital (B-2).	
	▪ Discussion and vote to exclude Front Lawn Option (A-2) from further consideration.	
	▪ Provide Update on Meetings.	
2/10/04 3:45 – 5:30 PM SFGH Main Bldg, Rm 2A6	<i>SFGH – JCC</i>	
	▪ Inform Joint Conference Committee and seek input on process, options, pros and cons, data needs.	
2/11/04 6-8 PM 2789 25 th Street Room 2001	<i>Neighborhood Meeting</i>	
	▪ Update Community on progress of Rebuild Steering Committee work.	
	▪ Seek input for Steering Committee.	
2/12/04 5:30 PM 255 Channel Street	<i>Mission Bay Redevelopment Community Advisory Committee Meeting</i>	
	▪ Present Rebuild concept options.	
	▪ Seek input for Steering Committee.	
2/18/04 4:30-6 PM Location TBD	<i>Youth Rebuild Meeting</i>	
	▪ Give a youth-friendly presentation on the rebuild.	
	▪ Seek youth input for Steering Committee.	
2/23/04 3:30 – 5:30 PM 2789 25 th Street Room 2003	<i>Rebuild Steering Committee</i>	
	▪ Further refinement of options.	
	▪ Review new information data.	
	▪ Review updated threshold issues and information sheets.	
2/24/04 3 – 5 PM 2789 25 th Street Room 2001	<i>CHN – JCC</i>	
	▪ Inform Joint Conference Committee and seek input, options, pros and cons, data needs.	

3/1/04 3:30 – 5:30 PM 2789 25 th Street Room 2003	<i>Rebuild Steering Committee</i>	
	▪ Discussion and Vote on site options.	
3/4/04 5 – 7 PM 2789 25 th Street Room 2001	<i>Combined Advisory Committee</i>	
	▪ Update Community on progress on Rebuild Steering Committee work.	
3/10/04 6-8 PM 2789 25 th Street Room 2001	<i>Neighborhood Meeting</i>	
	▪ Update Community on progress of Rebuild Steering Committee work.	
	▪ Seek input for Steering Committee.	
3/15/04 3:30 – 5:30 PM 2789 25 th Street Room 2003	<i>Rebuild Steering Committee</i>	
	▪ Review Bond Report.	
3/16/04 3 – 5 PM 101 Grove Street Room 300	<i>Health Commission</i>	
	▪ Vote on Forwarding Bond to CIAC.	

<i>Bond Approval Process</i>	
Wednesday 3/17/04 - 4/15/04	CIAC Initial Public Hearing
Friday 4/16/04	Bond Report Final CIAC Submittal
Monday 4/19/04 - 4/30/04	CIAC Final Public Hearing
Thursday 4/22/04 - 5/5/04	Resolution introduced to BOS
Thursday 5/6/04 - 5/14/04	Referral to Controller
Monday 5/17/04 - 6/7/04	CIAC Written Okay to Board
Monday 5/24/04 - 5/28/04	Resolution Adopted by BOS
Monday 5/31/04 - 7/23/04	Ordinance by BOS
Tuesday 1/2/04	Election

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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AGENDA

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MAR - 5 2004

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

SAN FRANCISCO
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Tuesday, March 9, 2004
3:45 p.m. - 5:30 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D.

- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF MINUTES OF FEBRUARY 10, 2004
**Minutes of February 10, 2004*
- 3) FOR DISCUSSION: HOSPITAL ADMINISTRATOR'S REPORT
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*
- 4) FOR DISCUSSION: PATIENT CARE SERVICES REPORT
(Sue Currin, R.N., Chief Nursing Officer)
**Report*
- 5) FOR DISCUSSION: SFGH REBUILD UPDATE
(Gene O'Connell, Executive Administrator, SFGHMC)
**Update*

6) PUBLIC COMMENT**

7) CLOSED SESSION

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session
- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: APPROVAL OF CLOSED SESSION MINUTES
OF FEBRUARY 10, 2004

FOR DISCUSSION
AND POSSIBLE
ACTION: MEDICAL STAFF REPORT
Valerie Ng, M.D., Chief of Staff

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
Valerie Ng, M.D., Chief of Staff

FOR DISCUSSION: CONSIDERATION OF PEER REVIEW, QUALITY
OF CARE AND PERFORMANCE IMPROVEMENT
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

- 1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

8) ADJOURNMENT

* Explanatory documents are available at the Joint Conference Committee, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

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American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

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Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

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San Francisco Lobbyist Ordinance

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Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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AGENDA

**JOINT CONFERENCE COMMITTEE
FOR**

SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, April 13, 2004

3:45 p.m. - 5:30 p.m.

1001 Potrero, Conference Room #2A6

San Francisco, CA 94110

Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D.

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF MARCH 9, 2004**
**Minutes of March 9, 2004*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., Chief Nursing Officer)
**Report*

5) PUBLIC COMMENT**

6) CLOSED SESSION

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session
- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: APPROVAL OF CLOSED SESSION MINUTES OF MARCH 9, 2004

FOR DISCUSSION AND POSSIBLE ACTION: MEDICAL STAFF REPORT
Valerie Ng, M.D., Chief of Staff

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
Valerie Ng, M.D., Chief of Staff

FOR DISCUSSION: CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

- 1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

7) ADJOURNMENT

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JOINT CONFERENCE COMMITTEE FOR

SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, March 9, 2004

3:45 p.m. - 5:30 p.m.

1001 Potrero, Conference Room #2A6

San Francisco, CA 94110

1) CALL TO ORDER

The meeting was called to order by Commissioner Monfredini at 3:45 p.m.

Present: Commissioner Lee Ann Monfredini, Chair

Absent: Commissioner John Umekubo, M.D.

Staff: Sue Carlisle, M.D, Anne Chang, Sue Currin, Myra Garcia,
John Luce, M.D., Alison Moed, Anson Moon, Kathy Murphy,
Valerie Ng, M.D., Gene O'Connell, Roland Pickens, Dennis
Scott, Hiro Tokubo, Chris Wachsmuth.

2) APPROVAL OF MINUTES OF FEBRUARY 10, 2004

Action Taken: The Committee approved the minutes of the February 10, 2004 San Francisco General Hospital Joint Conference Committee meeting.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Executive Administrator, SFGHMC, presented the Hospital Administrator's Report.

PROGRAM UPDATES

2004-05 DPH Budget: Impact of Layoffs

Last week, layoff notices were sent to SFGH staff that were among the initial positions identified as part of \$10M in administrative reductions that would take effect April 23rd. Layoffs and subsequent bumping would impact the following areas: Dr. David Ofman, Medical Director for Primary Care Services; Gloria Rodriguez, Coordinator of Media Relations at SFGH; shared secretarial support for both Medical Records and the Chief Financial Officer for the Community Health Network; support staff that generate the monthly Emergency Department diversion reports; and secretarial support for the Senior Associate for Support Services and staffing for the SFGH Rebuild Project. Tentative discussions have begun regarding the ability to cover for administrative duties of those that have been laid off.

STAFF NEWS

Gene O'Connell has been nominated by the Director of Health, Dr. Mitch Katz, for a seat on the San Francisco Health Plan Governing Board, replacing Anthony Wagner who vacated the position. She will be confirmed by the Board of Supervisors this Wednesday, March 10.

Anson Moon, Senior Health Program Planner, will provide staffing coverage for the April through July meetings of the JCC-SFGH while Anne Chang, Executive Assistant to the CEO/Operations Manager, is on maternity leave.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, SFGHMC, presented the Patient Care Services Report (Attachment A).

5) SFGH REBUILD UPDATE

Ms. O'Connell said the SFGH Rebuild Steering Committee would be voting on three options (Attachment B) at its next and final meeting, Monday, March 15. Ms. O'Connell said that now that there is willingness on the part of U.C. to discuss collocation at Mission Bay, she feels it is a feasible option.

6) PUBLIC COMMENT

None.

7) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session

Action Taken: The Committee voted to hold a closed session

The Committee went into closed session at 4:05 p.m. Present in closed session were Commissioner Monfredini, Sue Carlisle, M.D., Anne Chang, Sue Currin, Myra Garcia, John Luce, M.D., Alison Moed, Anson Moon, Kathy Murphy, Valerie Ng, M.D., Gene O'Connell, Roland Pickens, Dennis Scott, Hiro Tokubo, Chris Wachsmuth and Michele Olson.

- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 10, 2004

Action Taken: The Committee approved the February 10, 2004 closed session minutes.

MEDICAL STAFF REPORT

Valerie Ng, M.D., Chief of Staff

Action Taken: The Committee approved the nomination of Dr. Theodore Miclau as Service Chief of Orthopedic Surgery.

CONSIDERATION OF CREDENTIALING MATTERS

Valerie Ng, M.D., Chief of Staff

Action Taken: The Committee approved the March Credentials Report

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT

John Luce, M.D., Medical Director SFGH-QM

Hiroshi Tokubo, CHN Director, QM

Alison Moed, Director of Risk Management

Sue Currin, RN, Chief Nursing Officer

- D) Reconvene in Open Session

The Committee reconvened in open session at 5:17 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Committee voted not to disclose any discussion held in closed session.

8) ADJOURNMENT

The meeting was adjourned at 5:18 p.m.



Michele M. Olson

Executive Secretary to the Health Commission

Attachments (2)

PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, March 2004

Sue Currin, RN, MS, Chief Nursing Officer

San Francisco General Hospital

1. STAFFING & VACANCY RATE

AREA	RN VACANCY RATE	NUMBER VACANT FTE	TRAINING PROGRAMS IN PROGRESS
Med/Surg (includes 4A/SNF Unit and 4B/ Stepdown)	17.4%	27.7	TP started in February with 2 RNs. Two RNs processing for April start date.
Critical Care	13.3%	14.2	TP started in February with 3 RNs.
Perinatal	10.4%	6.7	Three RN hires for April in processing.
Perioperative	7.11%	3.4	None
Emergency	27.2%	19.36	TP start date moved to April; unable to recruit
Psychiatry	8.4%	8.88	None

SFGH has successfully petitioned 6 Registered Nurses who solicited employment contingent on our agreement to petition for permanent residency (3-Philippines, 2-India and 1-Japan). Four are now working, 2 in Med/Surg, 2 in Psychiatry, and 2 are being processed at HR for Med/Surg. Additionally, 6 are being processed with INS (4-Philippines, 1-China, 1-Russia/Israel) and 5 more applicants are being scheduled for interviews (1-China, 2-Phillipines, 1-Israel, 1-Spain).

It takes approximately 3 to 4 months to get the work permit from the Department of Labor (DOL) and another 12 to 18 months to get the "green card". The candidates are allowed to start working as soon as they receive the DOL work permit.

2. SFGH RATIO STAFFING DATA

By Number of Shifts

2/01/04 TO 2/29/04

Area of Non-Compliance	Critical Care	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED	PACU
Area unable to meet minimum ratios	0	1 Night Shift-Unit 4B	0	1 Night Shift-6H	1 Night Shift-Unit 7B	0	0

Area of Non-Compliance	Critical Care	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED	PACU
Area unable to cover breaks	0	4	8	5	0	4	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios **	0	0	0	0	0	0	0
Beds closed/ ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

Our inability to meet the required minimum ratios occurred when ill calls could not be backfilled with per diem, OT or registry staff. Coverage during breaks continues to be problematic with the demand for beds exceeding our budgeted census. We are continuing to use supplemental and management staff whenever possible.

3. RETENTION AND RECRUITMENT

Retention and Recruitment Committee: Marilyn O'Connor, RN from the Emergency Department was selected as the DAISY recipient for February 2004. Marilyn has been a staff nurse at SFGH for 24 years. She was honored for her patient care skills and outstanding clinical leadership. The ED staff, including many direct care staff, took a few moments from their busy day to congratulate Marilyn and enjoy the recognition that the award provides to the ED.

Nurseweek Career Fair: SFGHMC was represented in an exhibit booth at the February 12, Nurseweek Career Fair held at the Santa Clara Convention Center. Attendance was quite good with 1,074 attendees. SFGH was one of 77 exhibitors. Many applications were distributed and 22 resumes were collected. To date, three job offers have been made, with two candidates -- one for the NICU and one for the Birth Center -- accepting positions. Multiple nurses stopping by the booth commented on SFGH salaries being "behind." Anecdotally, many of the recruiters at the Job Fair are reporting increased difficulty in filling positions.

4. DPH NURSING LEADERSHIP COUNCIL – STRATEGIC PLAN AND GOALS, 2003 - 2004

The San Francisco Department of Public Health's Nursing Leadership Council (NLC) initiated a strategic planning process at its Fall 2003 retreat. At this meeting, the NLC has developed four strategic goals for the coming year.

Strategic Goal #1: NLC as a change process improvement team.

NLC was initiated in 1996 to represent nurses and nursing within the Department of Public Health. Through the years, the NLC has traditionally met monthly and has focused on planning for Nurse Week events, creating nursing care standards such as the Nursing Philosophy and information sharing at these meetings. Recommended actions to meet this strategic goal include:

- a. Review, modify and change the structure of NLC meeting as needed
- b. Provide leadership and team development training

Strategic Goal #2: Create a professional nursing culture.

As the nation, state and San Francisco grapple with the predictions of the nursing shortage, NLC has agreed upon a shared vision for addressing the many complex factors impacting the DPH nursing workforce. NLC's recommendations for recruitment and retention of DPH nurses are as follows:

- a. Understand, acknowledge, and plan for the challenges as well as the perspective of our New Graduate RN's
- b. Understand recruitment and retention issues
- c. Assess and standardize formal introductory training experience
- d. Develop a pathway continuum for professional practice
- e. Develop a mentorship program
- f. Provide leadership development at all levels – vision of nurses as leaders

Strategic Goal #3: Access and collaborate with stakeholders to impact public policy.

One of ANA's Nursing's Agenda for the Future's focus (domains) is on the issue of 'economic value of nursing.' ANA states that the 'economic value of nursing is better understood through the use of quantified nursing data.' ANA also suggests to 'create a comprehensive database/repository for evidence-based research related to quality, value and cost of nursing services.' NLC's recommendations to meet this goal are as follows:

- a. NLC will maintain a knowledge base on health policy processes and speak as the voice for nursing within the Department of Public Health.
- b. NLC will maintain a knowledge base on clinically relevant research/quality measures/benchmarks pertaining to nursing services.
- c. NLC will inform and educate policymakers and stakeholders of pertinent healthcare issues as appropriate.

Strategic Goal #4: Leverage off of technology

The advancement of technology has made a tremendous impact on access to information and data and how business is conducted. NLC recommends the following to address this goal:

- a. Develop an NLC website to improve linkages and communication for nurses across the DPH; promote DPH nursing to external consumers; utilize the site as a web –based recruitment tool.
- b. Utilize email for parts of NLC business
- c. Participate and shape the development of enterprise-wide clinical information system

Approved and adopted by NLC on February 6, 2004

San Francisco General Hospital Medical Center Rebuild Options

Option 1:

Recommend to the Health Commission Rebuild Option A-1, a full rebuild on the Potrero Campus (\$550 million).

Option 2:

Recommend to the Health Commission Rebuild Option A-3, retrofit the existing hospital and build a critical care tower (\$300 million).

Option 3:

Recommend to the Health Commission further pursuit of collocation with UCSF before choosing an option. (November 2004 election would not be possible.)

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Vice President

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James M. Illig
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Michael L. Penn, Jr., M.D., Ph.D.
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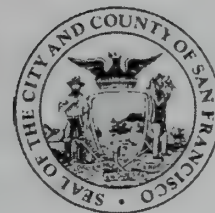
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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, April 13, 2004
3:45 p.m. - 5:30 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

DOCUMENTS DEPT.

Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D.

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- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF MARCH 9, 2004**
**Minutes of March 9, 2004*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., Chief Nursing Officer)
**Report*

5) **PUBLIC COMMENT****

6) **CLOSED SESSION**

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session
- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES
OF MARCH 9, 2004**

**FOR DISCUSSION
AND POSSIBLE
ACTION:** **MEDICAL STAFF REPORT**
Valerie Ng, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Valerie Ng, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY
OF CARE AND PERFORMANCE IMPROVEMENT**
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Alison Moed, Director of Risk Management
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

- 1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

7) **ADJOURNMENT**

* Explanatory documents are available at the Joint Conference Committee, 101 Grove Street, Room #311.

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San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us**.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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JOINT CONFERENCE COMMITTEE FOR

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SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, April 13, 2004
3:45 p.m. - 5:30 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

1) CALL TO ORDER

The meeting was called to order by Commissioner Monfredini at 3:45 p.m.

Present: Commissioner Lee Ann Monfredini, Chair
Commissioner John Umekubo, M.D.

Staff: Sue Carlisle, M.D, Yuhum Digdigan, Myra Garcia, John Luce, M.D.,
Alison Moed, Anson Moon, Kathy Murphy, Renee Navarro, M.D.,
Gene O'Connell, Gregg Sass, Hiro Tokubo, Christine Wachsmuth

2) APPROVAL OF MINUTES OF MARCH 9, 2004

Action Taken: The Committee approved the minutes of the March 9, 2004 San Francisco General Hospital Joint Conference Committee meeting.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Executive Administrator, SFGHMC, presented the Hospital Administrator's Report.

Program Updates

Videoconference Medical Interpretation (VMI) Project Update

About a year ago, we introduced to the SFGH-JCC the Videoconference Medical Interpretation (VMI) Project. The VMI Project uses current videoconferencing technology to improve the efficiency of interpreter staff. The VMI Project allows "face-to-face" medical interpretation, including visual, body language cues, eliminates medical interpreters' time spent in transit, and once arrived, waiting in the hallways of clinics for the provider and/or patient to be available.

In 1999-2000, Health Access Foundation conducted clinical trials at San Francisco General Hospital and Highland Hospital to test the use of "real time", two-way videoconference medical interpretation. The conclusion was that the available technologies were adequate for effective communication, and both patient and provider acceptance/satisfaction scores were high.

In 2002, The California Endowment (TCE) awarded approximately a million dollars to Alameda County Medical Center (ACMA) to "beta test" VMI on a system-wide, "routine" basis with significant volume and coverage and to bring VMI up in 60% to 70% of the ACMC system. In 2003, Ms. O'Connell was informed that \$100,000 was earmarked for SFGH to fund a limited number of VMI interpreter stations, to test connectivity between the two county public health systems, and to test the ability/feasibility of sharing/exchanging language resources between the two health systems via VMI.

The initial plans were to initiate VMI at 4 or 5 high volume, ambulatory care clinics on the SFGH Campus (i.e., General Medicine, Family Health, 3M, 4M and possibly Urgent Care) by the end of the summer of 2004.

Pending issues

1. Space – Interpreter Services will require additional space in order to accommodate at least three to five VMI stations with sufficient soundproof capabilities. This area, for reasons of productivity, should be physically close to the Interpreter Services office.
2. Information Systems (IS) has been involved in several meeting and state that the hook ups in the venues were doable with relative ease. The major hardware issues are the need to install additional "blades" in three different "closets". IS will be reporting on the following:
 - Equipment and costs needed to accomplish the hook ups
 - Estimated staff hours
 - Estimated timeline for completion
3. Due to current staffing level in Interpreter Services, SFGH may have to reduce the number of VMI stations in the beginning, and the timeline for testing connectivity between Highland Hospital and SFGH may have to be pushed back.

Catholic Healthcare West Partnership Update

During the month of April, SFGH expects to begin referring patients from SFGH Urgent Care Clinic/Patient Referral, who are in need of primary care and who do not have a regular source of care, to the Sister Mary Phillipa Clinic at St. Mary's Hospital. SFGH and CHW staff has met to establish the referral process. SFGH is waiting agreement from the respective legal teams on the

language in the Memorandum of Understanding, establishing the required "business partner relationship" that will allow for the exchange of confidential "protected patient information (PPI)", as required by HIPAA. The goal of this process is to expedite the primary care referral process and reduce the wait time for new patient primary care appointments at SFGH and the community based health centers.

American College of Surgeons Level I Trauma Center Site Survey

The American College of Surgeons (ACS) surveyed the SFGH Level I Trauma Center on March 18 and 19, 2004. This was the first survey done by the College since SFGH was initially verified in 1991. Two trauma surgeons, an orthopedic surgeon and a neurosurgeon comprised the survey team. The main emphasis of the survey was to review care provided to the injured patient. This is accomplished by conducting a very intensive thorough medical record review, performance improvement and physician peer review. A brief tour of the ED, Radiology, OR, PACU, ICU, and med/surg units was also conducted. The Trauma Program was required to submit responses to a 165 item questionnaire 6 weeks prior to the survey, which addresses all aspects of Trauma Center organization, physician and staff continuing education, MD credentials, publications, research and injury prevention. Patricia O'Connor, RN, MS and Dr. Robert Mackersie led the survey preparations for SFGH.

SFGH will require a focused survey re-visit within the next 6-12 months because of three criterion deficiencies in the areas of documentation and lack of board certifications for a neurosurgeon and orthopedic surgeons on the trauma panel. While the findings are disappointing, SFGH intends to appeal one of the deficiencies, and will be able to address the remaining two with an aggressive 6-9 month action plan.

Mental Health Rehabilitation Facility (MHRF) Update

In accordance to Health Commission Resolution #01-04, SFGH has begun the process of converting the MHRF to a hybrid program model that would meet the clinical needs of mental ill patients, provide treatment and housing options for those who require a less restrictive care model, and facilitate transition for patients/residents from one level of care to another. SFGH has started the process of applying to the State of California Department of Health Services for the change in licensure. SFGH is also in the process of forming a transitional advisory board, as recommended by the Health Commission, which will include representatives of the various unions and Friends and Family of the MHRF, and community and institutional mental health program administrators. The first meeting of the advisory board is scheduled for May 5, 2004.

A more complete update of the MHRF conversion will be presented at the May 11, 2004 JCC.

Staff News

Robert Okin, MD; Alicia Boccellari, Ph.D; Vanessa Kelly, Psy,D; and Greg Merrill, LCSW are winners of the 2004 NAPH Safety Net Awards in the Community and Patient Service category for the Trauma Recovery Center Project. The NAPH Safety Net Awards program recognizes employees and faculty in member hospitals and health systems who have designed and implemented creative and successful programs to address the needs of patients and communities. The Community and Patient Service category focuses on programs that improve care for cultural and linguistic minorities, address disparities in health care or health outcomes; or improve patient satisfaction.

The Trauma Recovery Center is serving as a 4-year demonstration project to help remove barriers to care and to increase access to mental health and clinical case management services to victims of interpersonal violence (i.e., domestic violence, sexual assaults, gun shot injuries, stabbing, etc.). Outcomes of this project include increases in reports to police by sexual assault victims, and increases in use of mental health services and earlier return to a higher level of independent functions by victims of crime.

Commissioners' Comments

- Commissioner Monfredini noted that the Health Commission is holding its second hearing on the contingency budget on May 11th, which conflicts with the next JCC-SFGH. The Committee decided to reschedule the JCC to Wednesday May 5, at 4:30 p.m. Commissioner Monfredini suggested that the Mental Health Rehabilitation Facility (MHRF) transitional advisory board have a predetermined sunset date. Ms. O'Connell will report the board's timeframe as part of the full MHRF presentation at the May meeting.

4) PATIENT CARE SERVICES REPORT

Yuhum Digdigan, Director, Nursing Operations, presented the Patient Care Services Report (Attachment A).

Commissioners' Comments

- Commissioner Monfredini asked what factors have led to the turn around in staff vacancy rates. Ms. Digdigan said she could not speak for other units, but in Med/Surg her saving grace has been the sponsorship program.

5) PUBLIC COMMENT

None.

6) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session

Action Taken: The Committee voted to hold a closed session

The Committee went into closed session at 4:10 p.m.

Present in closed session were Commissioner Monfredini, Commissioner Umekubo, Sue Carlisle, M.D, Yuhum Digdigan, Myra Garcia, John Luce, M.D., Robert Mackersie, M.D., Alison Moed, Anson Moon, Kathy Murphy, Renee Navarro, M.D., Gene O'Connell, Gregg Sass, Hiro Tokubo, Christine Wachsmuth and Michele Olson.

- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF MARCH 9, 2004

Action Taken: The Committee approved the March 9, 2004 closed session minutes.

MEDICAL STAFF REPORT

Renee Navarro, M.D.

CONSIDERATION OF CREDENTIALING MATTERS

Renee Navarro, M.D.

Action Taken: The Committee approved the April Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT

John Luce, M.D., Medical Director SFGH-QM

Hiroshi Tokubo, CHN Director, QM

Alison Moed, Director of Risk Management

Sue Currin, RN, Chief Nursing Officer

- D) Reconvene in Open Session


The Committee reconvened in open session at 5:15 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Committee voted not to disclose any discussion held in closed session.

7) **ADJOURNMENT**

The meeting was adjourned at 5:15 p.m.


Michele M. Olson

Executive Secretary to the Health Commission

Attachment (1)

PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, April 2004

Sue Currin, RN, MS, Chief Nursing Officer

San Francisco General Hospital

1. STAFFING & VACANCY RATE

AREA	RN VACANCY RATE	NUMBER VACANT FTE	TRAINING PROGRAMS IN PROGRESS
Med/Surg (includes 4A/SNF Unit and 4B/ Stepdown)	11.39%	17.0	8 RNs 1 LVN
Critical Care	12.38%	13.1	5 in TP – 1 completing program April 6, 2004
Perinatal	2.97%	1.9	4 to start in April
Perioperative	7.86%	3.7	None
Emergency	25.53%	18.1	3 starting April 6 th (1 on night shift) Candidate pool looks good for July 12 program
Psychiatry	6.87%	7.2	

In the last month, 6 additional candidates for sponsorship were interviewed: 3 from China, and 1 each from Spain, Israel and the Philippines. INS processing is proceeding for one of these candidates.

RNs Seeking Sponsorship from SFGH

Requests Sponsor	Number In Process	Number Working	Sponsorship Completed
Philippines 8	5	3	6
Japan 1		1	1
India 2		2	2
China 4	4		
Russia 1	1		
Israel 1	1		
Spain 1	1		
TOTAL 18	12	6	9

2. SFGH RATIO STAFFING DATA

By Number of Shifts
3/01/04 TO 3/31/04

Area of Non-Compliance	Critical Care	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED	PACU
Area unable to meet minimum ratios	0	0	0	0	0	0	0
Area unable to cover breaks	0	3	0	3	3	0	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	0	0	0	0	0
Beds closed/ ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

3. RETENTION AND RECRUITMENT

Retention and Recruitment: SFGH currently has two LVNs participating in the Nursing Workforce Initiative (NWI) Grant to complete their RN education. These LVNs will finish the City College RN program in June 2005. Local 250's Shirley Ware Education Center, one of the NWI participants, is currently working with CNA, MEA and unit clerks from SFGH to prepare them for entry into City College's LVN program. At present, 4 individuals are targeted to begin the program this summer. The grant pays for the majority of school related costs, up to \$1600.

DAISY Award: March DAISY Award winner was Manuel Beltran of medical-surgical unit 5D. Manuel started at SFGH as an LVN in 1998. His devotion to patient care as well as to the 5D team was noted in his nomination.

Nurses Week: The 2004 Nurses Week celebration is planned for the SFGH Cafeteria on May 6. Four Dorothy Washington Scholarships will be awarded at that time. A celebration to honor nursing staff will be held on May 6, from 5:30 to 7:30 p.m. Four Dorothy Washington scholarships will be awarded. These \$2,500 scholarships are for BSN and MSN education. Two RNs will be honored with the DAISY Award during the celebration. The DAISY winners for the previous year will also be acknowledged at the reception.

4. NEWBORN HEARING SCREENING PROGRAM

The Infant Care Center was granted 5-year recertification for the Newborn Hearing Screening Program (NBHSP) after the DHS site visit on March 25, 2004. The Surveyor was very impressed with the efficiency of our Program. The second quarter report for fiscal year 2003-2004 showed:

Well Newborn admits = 474 Neonatal Intensive Care (NICU discharges) = 145
Percentage Screened = 100% Percentage Screened = 100%

The Screening Data from the other Bay Area/Coastal region CCS Hospitals for the same period showed:

98.9% screening for Well Newborns
98.4% screening for NICU

5. CARDIAC CATH LAB

The newly remodeled Cardiac Cath Lab opened on Monday, March 29, 2004. The Lab has state-of-the-art equipment and will benefit all of the patients in need of invasive and interventional cardiac care. A grand opening of the Cardiac Cath Lab will take place on May 6, 2004 and will start at 5:00 p.m., immediately preceding the Nurse Week activities at SFGH.

6. EMERGENCY AND CRITICAL CARE DEVELOPMENTS

Bob Sypher, RN, Nurse Manager of 4E, ICU has been temporarily reassigned to the Emergency Department as Co-Nursing Director with Terry Dentoni, RN. Bob is excited to meet the new and exciting challenges that our busy and diverse Emergency Department has to offer.

Vivian Curd, RN, Staff Nurse, 4E, has stepped up to the plate one more time to become the Interim Nurse Manager of 4E, the ICU. Vivian's achievements over the last 12 months included interim Nurse Manager duties in 4E during the high census months of December 2003, January and February 2004, and 4B.

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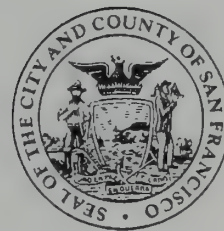
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JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, May 5, 2004*
4:30 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

04-30-34100

***THIS MEETING WAS RESCHEDULED FROM MAY 11, NOTE CHANGE IN TIME**

Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D.

- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF MINUTES OF APRIL 13, 2004
**Minutes of April 13, 2004*
- 3) FOR DISCUSSION: HOSPITAL ADMINISTRATOR'S REPORT
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*
- 4) FOR DISCUSSION: PATIENT CARE SERVICES REPORT
(Sue Currin, R.N., Chief Nursing Officer)
**Report*

- 5) FOR DISCUSSION: UPDATE ON THE MENTAL HEALTH REHABILITATION FACILITY
(Gene O'Connell, Executive Administrator, SFGHMC)
**Update*

- 6) PUBLIC COMMENT**

- 7) ADJOURNMENT

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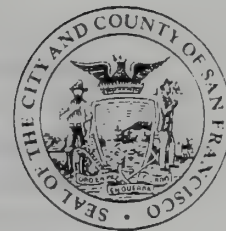
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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, May 5, 2004
4:30 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 4:50 p.m.

Present: Commissioner Lee Ann Monfredini, Chair

Absent: Commissioner John Umekubo, M.D.

Staff: Laura Blue, Sue Carlisle, M.D., John Luce, M.D., Lawrence Marsco, Sharon McCole Wicher, Anson Moon, Kathy Murphy, Valerie Ng, M.D., Gene O'Connell, Gregg Sass, Hiro Tokubo, Chris Wachsmuth

2) APPROVAL OF MINUTES OF APRIL 13, 2004

Action Taken: The Committee approved the minutes of the April 13, 2004 San Francisco General Hospital Joint Conference Committee meeting.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Executive Administrator, SFGHMC, presented the Hospital Administrator's Report.

PROGRAM UPDATES

Radiology Technician Sick-Out

The Radiology Technicians at San Francisco General Hospital conducted a sickout this past weekend over concerns regarding low pay and need for new equipment. The sickout began with the Thursday's night shift (4/29/04; 3:00 pm – 11:00 pm) and continued through the weekend. SFGH had to cancel scheduled outpatient radiology services on Friday and Saturday, but otherwise, was able to meet all emergency and inpatient needs with the use of Radiology supervisors, on-call staff, Laguna Honda staff, and registry staff. By Monday morning, staffing in Radiology was back to normal.

STAFF NEWS

Six Hospital staff participated in a community Health Information Fair, sponsored by Mission Education Projects Incorporated. Chris Wachsmuth, Patricia O'Connor, Ryan Moore and Ana Ghosh provided information about trauma and disaster preparedness. Margo Dextraze-Cordova and Ameni Panni provided general health education and performed blood pressure checks for over 50 people. Referrals, when appropriate, were made to the Hospital or to one of the community health centers.

4) PATIENT CARE SERVICES REPORT

Gene O'Connell, Executive Administrator, SFGHMC, presented the Patient Care Services Report (Attachment A) on behalf of Sue Currin.

5) UPDATE ON THE MENTAL HEALTH REHABILITATION FACILITY

Gene O'Connell, Executive Administrator, SFGHMC, presented an update on the transition of the Mental Health Rehabilitation Facility. She recapped the Blue Ribbon Committee's recommendations for the facilities, which were approved by the Health Commission in January:

- 3rd Floor – A 47-bed Mental Health Rehabilitation Center (MHRC) licensed by the California Department of Mental Health and focusing on psychosocial rehabilitation of clients with severe and persistent mental illness.
- 2nd Floor – A 59-bed Skilled Nursing Facility (SNF) licensed by the California Department of Health Services to provide for continued care of psychiatric patients with medically complex needs.
- 1st Floor – A 27-bed Adult Residential Care Facility (ARF) and a 14-bed Residential Treatment Facility with Day Treatment (RTF), licensed under the California Department of Social Services.

Ms. O'Connell discussed the issues surrounding licenses, facility, human resources, clinical operations and the advisory committee.

Staff is pursuing licensing from three different entities. The facility is currently licensed for 147 SNF beds, and SFGH is working with the Department of Health Services to re-license for 59 SNF beds. Staff has initiated dialogue with DHS to ensure their support for a multi-licensed behavioral care facility. Staff is working with the Department of Mental Health for the MHRC license. They have received preliminary support to proceed with the DMH licensure application, and can receive

provisional approval to expedite the opening of the MHRC. Staff is working with the Department of Social Services for the ARF and RTF licenses. They have met with Progress Foundation staff for advice on these two facilities. In all three licensure discussions there is a concern about co-mingling of patients from different level of care programs. This is being addressed through scheduling and staffing of residents. There is a question about whether there will need to be separate entrances for each program, and staff is seeking clarification from each licensing entity.

With regard to Clinical Operations/Program, the SNF and MHRC program manuals are complete, the ARF and RTF manuals are in progress, and staff is monitoring current residents for appropriate level of care. There are no identified issues at this time.

With regard to Human Resources, the organizational charts are done and job descriptions have been completed and submitted to SFGH Human Resources. SFGH must meet and confer with Unions.

The Advisory Committee will convene May 5, 2004. The Committee is co-chaired by Gene O'Connell and Sharon McCole Wicher. The Advisory Committee would end in September when the licensure is complete. Staff and patients will be surveyed to determine what the facility's new name will be. Ms. O'Connell said she would use her neighborhood meetings to update the surrounding neighbors about the coming changes.

Commissioners' Comments'

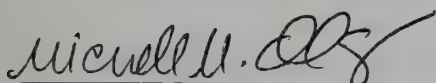
- Commissioner Monfredini is amazed that the application for licensure has already been submitted, and that so much has been done in such a short time. She had anticipated that there might be some delay, given the bureaucracies involved. Ms. O'Connell said that if there were a delay, it would be due to the licensure agencies. Ms. McCole Wicher added that she has some concerns about the Department of Health Services. The proposed facility is a brand new model. DHS's biggest concern is the co-mingling of patients. SFGH is ready to respond to that, and have staffed the facility accordingly. Mr. Tokubo added that the regulations are very clear and the staffing will be very clear. Mr. Marsco said it has been great working with the State Department of Mental Health. People there are very open and familiar with the population that is served by this facility.

6) PUBLIC COMMENT

None.

7) ADJOURNMENT

The meeting was adjourned at 5:30 p.m.



Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, May 2004

Sue Currin, RN, MS, Chief Nursing Officer

San Francisco General Hospital

1. STAFFING & VACANCY RATE

The overall RN vacancy rate at SFGH is 10%. The following table outlines the rates in specific specialty areas.

AREA	RN VACANCY RATE	NO. VACANT FTE	TRAINING PROGRAMS IN PROGRESS
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	10.7%	17.025	10 new hires; 3 started and 7 in employment processing;
Critical Care	13.3%	14.2	2 new hires identified for Aug TP
Perinatal	0.3%	1.9	5 new hires started April; 2 new hires starting in May
Perioperative	7.8%	3.7	-0-
Emergency	24%	17.1	2 new hires in April; 8 new hires identified for July TP (4 new grads w/interim permits pending)
Psychiatry	6.8%	7.2	-0-

2. SFGH RATIO STAFFING DATA

Nursing ratios are monitored every shift. Coverage during breaks is problematic when multiple sick calls are received for a shift in one specialty area.

By Number of Shifts

4/01/04 TO 4/30/04

Area of Non- Compliance	Critical Care	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED	PACU
Area unable to meet minimum ratios	0	0	0	0	4/20: 2300-700, 7A	4/6: 0300- 700 ED full with 9 nurses	0
Area unable to cover breaks	0	3	4	1	4	0	0

Area of Non-Compliance	Critical Care	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED	PACU
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	0	0	0	0	0
Beds closed/ ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

3. RETENTION AND RECRUITMENT

Career fairs at Dominican University in San Rafael and City College of San Francisco were attended in April. New graduate RNs have been interviewed for positions in medical-surgical, critical care and emergency nursing with 10 new grad hires in process for summer training programs. Nursing students are also applying for Public Service Aide positions. These positions hire the student in an unlicensed capacity. To date, six students are being processed for medical-surgical positions with interviews continuing.

The 6A Nurse Manager and 6C Nurse Manager positions are being advertised on [bajobs.com](#) and [nurseweek.com](#). The Nursing Scholarship Committee has selected 5 staff to receive Dorothy Washington Scholarships of \$2,500 this **Thursday, May 6, at the Nurses Week reception**. Highlights of the reception include the scholarship awards the presentation of 2 DAISY awards to extraordinary nurses, recognition of all Daisy award winners over the last 12 months and presentation of the O'Connell Society Award.

4. BABY FRIENDLY HEALTH INITIATIVE (BFHI)

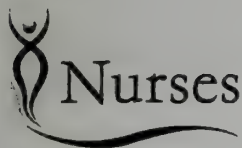
On April 12, 2004, the SFGHMC Perinatal Leadership Group consulted with Baby-Friendly USA to review our progress with Ten Steps to Successful Breastfeeding.

The following are issues identified that need to occur before the site assessment:

- Develop a policy statement about non-promotion of infant formula in group education settings
This statement was immediately added to the Breastfeeding policy using the "language" suggested by Baby-Friendly

- Complete staff training on 18-hour Breastfeeding course:
75% of staff has completed the training. Next classes are scheduled for May and September 2004, which should complete the training of all staff. The course will be part of the training program for new hires.
- Address issues with formula advertising on patient education channels:
The Patient Education Channel advertises baby formula. It will be discontinued. Appropriate departments and staff were notified.
- Increase the percentage of mothers experiencing skin-to-skin contact within 30 minutes of ability to respond after the cesarean delivery.
Strategies from Baby-Friendly to improve practice and compliance will be initiated.
- Determine the percentage of exclusive breastfeeding (75% or more of all breastfeeding women should be exclusively breastfeeding)
*Compliance is approximately 50-60%.
Concurrent chart reviews will be initiated to determine exclusive breastfeeding compliance.*
- Determine whether 80% of mothers and babies are rooming in 23/24 hours per day or more
Compliance is >80%

A site survey will be scheduled in the fall, 2004. The survey will focus on the Labor/Delivery/Postpartum inpatient area and the Women's/Family Health Centers on campus.



NURSE WEEK 2004 EVENTS

Wednesday, May 5th
455 Golden Gate Avenue
(State Building)
San Diego Room
Contact: Kevin McGirr
Tel: 255-3481

Time: 12:00 noon – 2:00 p.m.
Event: Nurse Week Celebration
Participants: Community Health Nurses

~~~~~

**Thursday, May 6<sup>th</sup>**  
SFGH  
Cafeteria, 2<sup>nd</sup> Floor  
Contact: Leslie Holpit  
Tel: 206-5077

Time: 5:30 p.m. – 7:30 p.m.  
Event: Nurse Week Celebration  
Presentations: O'Connell Society Award  
Dorothy Washington Scholarships  
Daisy Awards  
Participants: SFGH and DPH Nurses

~~~~~

Friday, May 7th
LHH
A-300 Conference Room
Contact: Susan Spencer
Tel: 759-3036

Time: 11 a.m. – 1:30 p.m.
Speaker: Judy Martin-Holland, RN, MS, NP, PhD(c)
Assistant Dean
Academic Services and Diversity Enhancement
UCSF School of Nursing
Topic: "Revitalizing the Nurse in Nursing"
Speaker: Mary McCutcheon, RN, MS
NLC Member
LHH Nursing Supervisor
Topic: "DPH NurseWeb Presentation and Demo"
Participants: ALL DPH Nurse Leaders

~~~~~

**Wednesday, May 12<sup>th</sup>**  
LHH  
A-300 Conference Room  
Contact: Susan Spencer  
Tel: 759-3036

Time: 7:30 a.m. – 8:30 a.m., 2:30 p.m. – 3:30 p.m., and  
4:30 p.m. – 5:30 p.m.  
Event: Nurse Week Celebration  
Participants: LHH Nurses



*City and County of San Francisco*  
**HEALTH COMMISSION**  
*Department of Public Health*  
*101 Grove Street, Room #311*  
*San Francisco, CA 94102*

**(Address Correction Requested)**

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JOINT CONFERENCE COMMITTEE  
FOR THE  
SAN FRANCISCO GENERAL HOSPITAL  
COMMITTEE MEETING

04-19-04A11153 REV2

Agenda  
Cancelled

The Joint Conference Committee for the San Francisco General Hospital meeting, originally scheduled for Tuesday, May 11 at 3:45 p.m., has been re-scheduled for:

Wednesday, May 5, 2004  
at 4:30 p.m.

San Francisco General Hospital  
1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

For information call the Health Commission Office at 554-2666

Posted April 15, 2004





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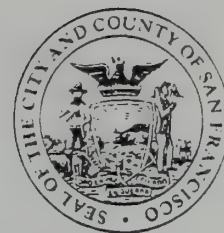
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**AGENDA**

**JOINT CONFERENCE COMMITTEE  
FOR  
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING**

Wednesday, June 8, 2004\*  
4:30 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF MAY 5, 2004**  
*\*Minutes of May 5, 2004*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**  
(Activities and operations of SFGHMC)  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**  
(Sue Currin, R.N., Chief Nursing Officer)  
*\*Report*
- 5) **FOR DISCUSSION:** **PRESENTATION OF TRACER METHODOLOGY**  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Update*

6) FOR DISCUSSION: COMMUNITY HEALTH NETWORK (CHN) OUTPATIENT  
PRESCRIPTION BENEFIT PROGRAM UPDATE  
(Sharon Kotabe, Pharm.D., Associate Administrator,  
Pharmaceutical Services)  
*\*Update*

7) FOR DISCUSSION: PATIENT FLOW UPDATE  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Update*

8) PUBLIC COMMENT\*\*

9) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session

C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health  
and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: APPROVAL OF CLOSED SESSION MINUTES  
OF MAY 5, 2004

FOR DISCUSSION  
AND POSSIBLE  
ACTION: MEDICAL STAFF REPORT  
Valerie Ng, M.D., Chief of Staff

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS  
Valerie Ng, M.D., Chief of Staff

FOR DISCUSSION: CONSIDERATION OF PEER REVIEW, QUALITY  
OF CARE AND PERFORMANCE IMPROVEMENT  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

10) ADJOURNMENT

\* Explanatory documents are available at the Joint Conference Committee, 101 Grove Street, Room #311.

- \*\* Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

### **Disability Access**

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23<sup>rd</sup> Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22<sup>nd</sup> Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

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## **HEALTH COMMISSION**

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### **MINUTES**

#### **JOINT CONFERENCE COMMITTEE** **FOR** **SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING**

Tuesday, June 8, 2004

3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

#### **1) CALL TO ORDER**

The meeting was called to order by Commissioner Umekubo at 3:50 p.m.

Present: Commissioner John Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini, Chair

Staff: Sue Currin, Myra Garcia, Fred Hom, Sharon Kotabe, John Luce, M.D.,  
Lawrence Marsco, Anson Moon, Kathy Murphy, Valerie Ng, M.D.,  
Gene O'Connell, Hiro Tokubo and Cathryn Thurow

#### **2) APPROVAL OF MINUTES OF MAY 5, 2004**

Action Taken: The Committee approved the minutes of the May 5, 2004 San Francisco General Hospital Joint Conference Committee meeting.

#### **3) HOSPITAL ADMINISTRATOR'S REPORT**

Gene O'Connell, Executive Administrator, SFGHMC, presented the Hospital Administrator's Report.

## **Program Updates**

### Lay-offs

In accordance to the Mayor's directions, lay-off notices were issued June 1, 2004. To date, 103 lay-off notices have been issued to Department of Public Health (DPH) staff. In addition, 53 people have been reassigned to vacant positions. 33 Laguna Honda Laundry positions are on hold.

### Patient Referral and Assistance

As part of the Urgent Care Clinic expansion, the Patient Referral nursing staff will be incorporated into the Urgent Care Clinic beginning June 9. The Patient Referral Health Worker will remain in the Outpatient Lobby to help direct patients. There will no longer be patient triage or appointment scheduling done in the Lobby. Patients requiring these services will be referred to the appropriate clinic.

As we all know, the Patient Referral and Assistance Unit served an important role in helping patients access care and navigate our health system. The transition of these functions from the unit to the clinics will require efforts on all our parts. We had begun this process by informing staff and patients of the changes, educating staff on how to better respond to patients calls, improving our voice mail messages, and reminding to be aware of what can delay care for our patients, such as incomplete or incorrect requisitions for lab, pharmacy, x-rays.

### Primary Care

As part of DPH streamlining its administrative structures, the primary care delivery system at SFGH will now be under the management authority of SFGH Administration, with Roland Pickens serving as the responsible administrator. This change will affect:

- Dermatology, General Medicine and Medical Specialties on 1M and Ward 92
- SFGH Adult Urgent Care
- Family Health Center
- PHP/Ward 86 Clinical Service
- Hematology/Oncology Clinical Service
- Women's Health/5M Ob-Gyn
- Children's Health/6M Pediatrics Clinic

SFGH is currently in the transition planning process, meeting with key stakeholders to define and clarify reporting and operational relationships. SFGH staff is already collaborating with Michael Drennan, Chief of Service for Primary Care and Community Oriented Primary Care Director, to ensure the continued integration and coordination of SFGH Campus and community based programs.

### **Staff News**

- Dr. Kevin Grumbach, SFGH Chief of Family and Community Medicine, was one of three physicians who were highlighted in this Sunday's issue of San Francisco Chronicle Magazine, as "Good Doctors" who embody the Hippocratic oath. As described in the article, Dr. Grumbach, in addition to seeing patients here at SFGH, is a leading proponent of a national single payer system for the United States. Dr. Katz described him in the article as "one of the few internationally known health policy analysts who is also still birthing babies."

SFGH is proud of Dr. Grumbach and share in this celebration of his work.



- Gene O'Connell has been named to serve on the 16 member National Association of Public Hospitals and Health Systems Executive Committee. She has been elected to a two-year term effective July 1, 2004 through June 30, 2006. Congratulation to Gene on her new role with this most important national public health advocacy and research organization.

#### Commissioners' Comments

- Commissioner Umekubo said that every Commissioner wants to hear the impact of the budget cuts over the short- and long-term. Ms. O'Connell said that she would develop a grid for the August Joint Conference Committee that specifies the positions eliminated and the impact on services. She and her staff are also updating the goals to determine those that have been met, and there will be a staff retreat in August to set new goals.

#### **4) PATIENT CARE SERVICES REPORT**

Sue Currin, RN, Chief Nursing Officer, SFGHMC, presented the Patient Care Services Report (Attachment A).

#### **5) PRESENTATION OF TRACER METHODOLOGY**

This presentation was continued to the next meeting of the San Francisco General Hospital Joint Conference Committee.

#### **6) COMMUNITY HEALTH NETWORK (CHN) OUTPATIENT PRESCRIPTION BENEFIT PROGRAM UPDATE**

Sharon Kotabe, Pharm.D., Associate Administrator, Pharmaceutical Services, presented an update on the CHN Outpatient Prescription Benefit Program (Attachment B).

#### Commissioners' Comments

- Commissioner Umekubo commended Dr. Kotabe and her staff for achieving such cost savings. He said that the two-hour wait time is much better than previous wait times of five hours or more, but still is a concern. He asked what steps could be taken to reduce waits further. Dr. Kotabe replied that she has requested additional personnel and the requisitions have been approved. Also they are implementing automation in the outpatient pharmacy. Both should impact wait times.

#### **7) PATIENT FLOW UPDATE**

This presentation was continued to a future meeting of the San Francisco General Hospital Joint Conference Committee.

#### **8) PUBLIC COMMENT**

None.

9) **CLOSED SESSION**

A) **Public Comments on All Matters Pertaining to the Closed Session**

None.

B) **Vote on Whether to Hold a Closed Session**

**Action Taken:** The Committee voted to hold a closed session

The Committee went into closed session at 4:20 p.m.

Present in closed session were Commissioner Umekubo, Sue Currin, Myra Garcia, Sharon Kotabe, John Luce, M.D., Anson Moon, Kathy Murphy, Valerie Ng, M.D., Gene O'Connell, Hiro Tokubo, Cathryn Thurow and Michele Olson.

C) **Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1**

**APPROVAL OF CLOSED SESSION MINUTES OF APRIL 13, 2004**

**Action Taken:** The Committee approved the April 13, 2004 closed session minutes.

**MEDICAL STAFF REPORT**

Valerie Ng, M.D., Chief of Staff

**CONSIDERATION OF CREDENTIALING MATTERS**

Valerie Ng, M.D., Chief of Staff

**Action Taken:** The Committee approved the June Credentials Report.

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**

John Luce, M.D., Medical Director SFGH-QM

Hiroshi Tokubo, CHN Director, QM

Sue Currin, RN, Chief Nursing Officer

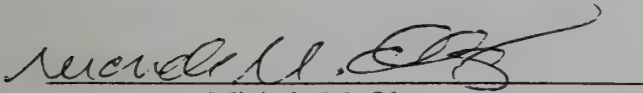
D) **Reconvene in Open Session**

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

**Action Taken:** The Committee voted not to disclose any discussion held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 5:18 p.m.

A handwritten signature in cursive script, appearing to read "Michele M. Olson", written over a horizontal line.

Michele M. Olson

Executive Secretary to the Health Commission

Attachments (2)





# PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, June 2004

Sue Currin, RN, MS, Chief Nursing Officer

San Francisco General Hospital

## 1. STAFFING & VACANCY RATE

The overall RN vacancy rate at SFGH is 9.39%. The following table outlines the rates in specific specialty areas.

| AREA                                                       | RN<br>VACANCY<br>RATE | NO. VACANT<br>FTE | TRAINING<br>PROGRAMS IN<br>PROGRESS                                                       |
|------------------------------------------------------------|-----------------------|-------------------|-------------------------------------------------------------------------------------------|
| Med/Surg (includes<br>4A/SNF unit and<br>4B/Stepdown unit) | 8.34%                 | 12.5              | 11 new hires in<br>employment processing<br>since last report for July 12<br>start date.  |
| Critical Care                                              | 12.62%                | 13.4              | TP will start on August 9<br>with 4 newly hired staff.                                    |
| Perinatal                                                  | 3.44%                 | 2.2               | Interviews in process.                                                                    |
| Perioperative                                              | 8.07%                 | 3.8               | TP scheduled to start July<br>15 with 4 positions<br>available, interviews in<br>process. |
| Emergency                                                  | 14.88%                | 10.6              | 13 new hires identified for<br>July TP.                                                   |
| Psychiatry                                                 | 8.68%                 | 9.1               | Interviews in process with<br>6 experienced RNs for<br>July/August start dates.           |

## 2. SFGH RATIO STAFFING DATA

Nursing ratios are monitored every shift. Coverage during breaks is problematic when multiple sick calls are received for a shift in one specialty area.

By Number of Shifts  
5/01/04 TO 5/31/04

| Area of Non-<br>Compliance                     | Critical<br>Care | Medical<br>Surgical | Pediatrics | Perinatal | Psychiatry | ED                                    | PACU |
|------------------------------------------------|------------------|---------------------|------------|-----------|------------|---------------------------------------|------|
| Area unable to<br>meet<br>minimum<br>ratios    | 0                | 0                   | 0          | 0         |            | 5/9/04<br>Nights<br>5/29/04<br>Nights | 0    |
| Area unable to<br>cover breaks                 | 0                | 1                   | 0          | 1         | 1          | 0                                     | 0    |
| Surgeries<br>postponed<br>related to<br>ratios | 0                | 0                   | 0          | 0         | 0          | 0                                     | 0    |

| Area of Non-Compliance                        | Critical Care | Medical Surgical | Pediatrics | Perinatal | Psychiatry | ED | PACU |
|-----------------------------------------------|---------------|------------------|------------|-----------|------------|----|------|
| Admissions held related to ratios             | 0             | 0                | 0          | 0         | 0          | 0  | 0    |
| Beds closed/ ED zone closed related to ratios | 0             | 0                | 0          | 0         | 0          | 0  | 0    |
| ED diversion related to ratios                | 0             | 0                | 0          | 0         | 0          | 0  | 0    |

### 3. RETENTION AND RECRUITMENT

**Clinical Placements:** SFGH Nursing Services continues to provide clinical placements for a large number of CNA, LVN, RN and MSN students. Current schools with placements include: City College of San Francisco, USF, SFSU, Dominican University, NCP Vocational School, Sonoma State, Samuel Merritt, Skyline College and UCSF. A total of 277 students received clinical training between January 2004 and June 2004.

| PROGRAM               | NO. OF STUDENTS |
|-----------------------|-----------------|
| CNA                   |                 |
| CCSF                  | 11              |
| LVN                   |                 |
| NCP Vocational School | 27              |
| CCSF:                 |                 |
| Maternity             | 14              |
| Pediatrics            | 15              |
| Med-Surg              | 21              |
| Ambulatory            | 21              |
| RN                    |                 |
| CCSF:                 |                 |
| Maternal-Child        | 31              |
| Pediatrics            | 20              |
| Advanced Med-Surg     | 7               |
| Med-Surg              | 12              |
| Psychiatric           | 8               |
| Dominican University  |                 |
| Psychiatric           | 9               |
| SFSU                  |                 |
| Med-Surg              | 11              |
| USF                   |                 |
| Med-Surg              | 9               |
| Behavioral Health     | 11              |
| UCSF MEPN             | 15              |



|                             |            |
|-----------------------------|------------|
| <b>RN Senior Placements</b> |            |
| SFSU                        | 6          |
| USF                         | 2          |
| Samuel Merritt College      | 2          |
| Sonoma State                | 1          |
| <b>NP/CNS Placements</b>    |            |
| USF                         | 1          |
| UCSF                        | 25         |
| <b>TOTAL</b>                | <b>277</b> |

**Nursing Workforce Initiative (NWI) LVN Program:** Five staff from SFGH have been accepted into the grant funded NWI LVN Program. This program will train unlicensed staff including unit clerks, CNAs, and MEAs as LVNs. The program will provide a "bridge course" this summer to prepare participants for entry into the City College LVN program beginning August 18. Participants will receive an educational "case manager", a stipend for tuition and fees, and a reduced workweek. SFGH participants are: Ingrid Albisu, Unit Clerk, Levada Hall, Unit Clerk, Teresa Preza-Morales, MEA, and Martha Castellanos-Perez, MEA, and Donna Marie Martinez, Recreational Therapist. Participants will graduate in December 2005.

**Public Service Aides:** Twelve individuals have been hired into Public Service Aide positions, classification number 9924. These as needed positions require that the individual be enrolled in a RN academic program, with completion of a nursing fundamentals course. The Public Service Aides assist with patient related duties. Students from City College, San Francisco State, Dominican University and out of state schools have been hired for both summer and year round employment. Four of the hires from last year are currently graduating; three will be hired into RN positions with SFGH.

#### **4. PSYCHIATRIC EMERGENCY SERVICES**

Psychiatric Emergency Services was on Yellow Alert a total of 720 hours, or 40% of the time, during April.

#### **5. DAISY AWARD**

The May DAISY Award was awarded at the Nurses' Week event on May 6, 2004. Eileen Richey RN from 5E was presented the award for being an extraordinary nurse. Eileen has been a critical care nurse at SFGH since 1979. Her dedication to patient care coupled with her teaching skills make her a role model for her colleagues.

#### **6. DOROTHY WASHINGTON SCHOLARSHIP**

Five Dorothy Washington Scholarships were also awarded at the Nurses' Week Reception. The Nursing Scholarship Committee selected 5 recipients from 10 scholarship applications. The following staff were awarded \$2500 scholarships to be used for Fall 2004:

- Tanya Carcamo LVN, Unit 5A - Tanya will attend the BSN program at Dominican University. As a Latina, Tanya utilizes her own appreciation and knowledge of Latino culture in providing care. Tanya plans to work in Oncology nursing.
- Louise DiMattio RN, Birth Center - Louise is attending the Nurse Midwifery Program at the Frontier School of Nursing and Case Western University. Louise returned to nursing in 2001 after a career in telecommunications. She has taken Spanish classes, become certified as a Lactation Consultant, become a preceptor and a charge nurse.
- Leslie Lin, Assistant Health Educator - Leslie will attend UCSF's MEPN program. Leslie is bicultural and is interested in working with the Chinese geriatric population. She is pursuing a Gerontological Nurse Practitioner degree.
- Wendy White RN, Unit 4D - Wendy is pursuing her Family Nurse Practitioner degree from UCSF. She began her SFGH career as a volunteer in the ED. Wendy utilizes her skills from her previous work in teaching and the arts to form positive therapeutic relationships with her patients.
- Heather Zahiri RN, 5C - Through her work on 5C with medical-behavioral patients, Heather came to view herself as a change agent for individuals needing greater social support and access to mental health services. Heather will graduate with a master's degree as a Psychiatric CNS and Adult Nurse Practitioner.

## CHN OUTPATIENT PRESCRIPTION BENEFIT PROGRAM UPDATE

June 2004

The outpatient prescription benefit program for indigent CHN patients that pairs each CHN primary care clinic with a community retail pharmacy went into effect July 1, 2003. This program was established to decrease drug expenditures through participation in the Federal 340B drug pricing program. It was estimated that participation in the Federal 340B drug pricing program would result in at least \$1 million annual savings to the City.

### YEAR-TO-DATE PROGRAM EXPENDITURES

**Projected actual to budgeted expenses.** Pharmaceutical expense for the outpatient prescription benefit program for the period ending April 30, 2004, is \$4,813,801. Annualized, the projected expense for this program at fiscal year end is \$5,776,561. Budgeted pharmaceuticals expense for this program is \$6,404,250, for a projected **favorable variance at FYE of \$624,689.**

**Comparison to previous FY program expenses.** If the program continued as provided in FY 2002-03 (i.e. using a PBM model that reimbursed the PBM pharmacy network based on an Average Wholesale Price [AWP] formula), pharmaceutical expense at 2003-04 FYE would have been \$3,407,497 MORE than the projected actual FY 2003-04 expense of \$5,776,561. Put another way, **the current program design has “saved” the City \$3,407,497 in pharmaceutical costs** that would have been incurred if the program were not changed to take advantage of 340B pricing. The program design also allows for better utilization of no-cost manufacturer patient assistance program drugs, which accounts for approximately \$1,000,000 of the total “savings”.

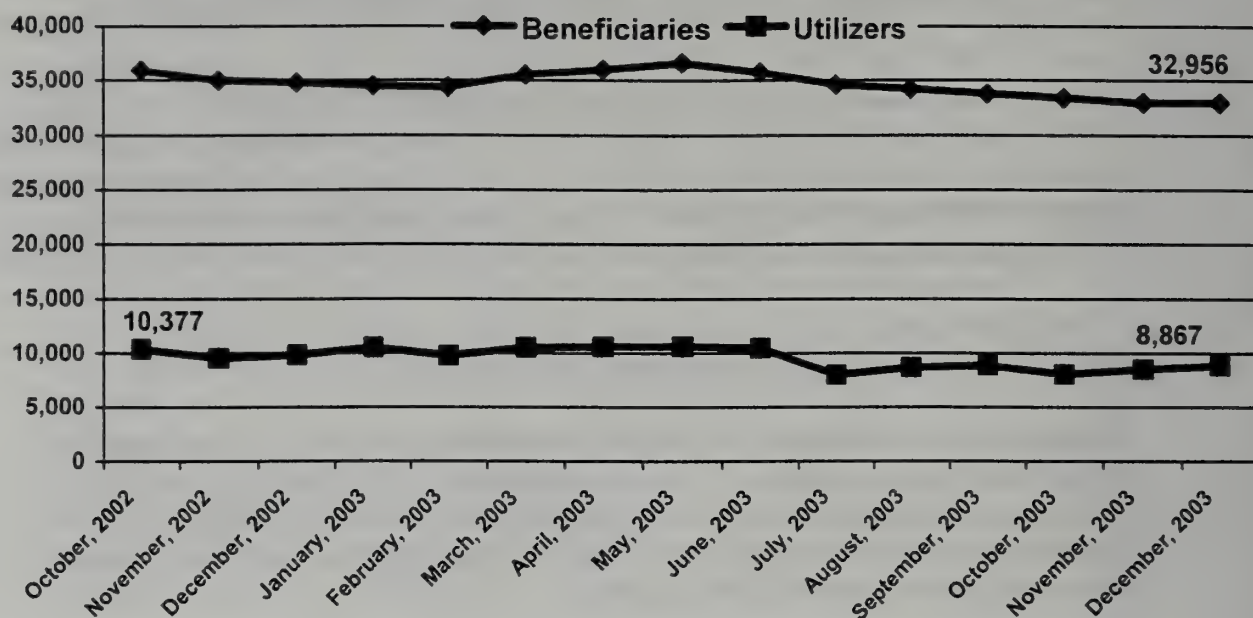
**Change in expense per eligible patient.** FY 2003-04 average cost per prescription per eligible patient and per eligible patient utilizing the benefit has decreased 35 to 42% when compared to FY 2002-03.

| <i>Fiscal Year</i> | <i>Average Rx cost per eligible patient per month</i> | <i>Average Rx cost per patient utilizing benefit per month</i> |
|--------------------|-------------------------------------------------------|----------------------------------------------------------------|
| 2002-03            | \$26.18                                               | \$97.04                                                        |
| 2003-04            | \$18.38                                               | \$71.41                                                        |
| <b>% Change</b>    | <b>42% decrease FY 03-04</b>                          | <b>35% decrease FY 03-04</b>                                   |

### ELIGIBLE PATIENTS AND PATIENTS UTILIZING BENEFIT

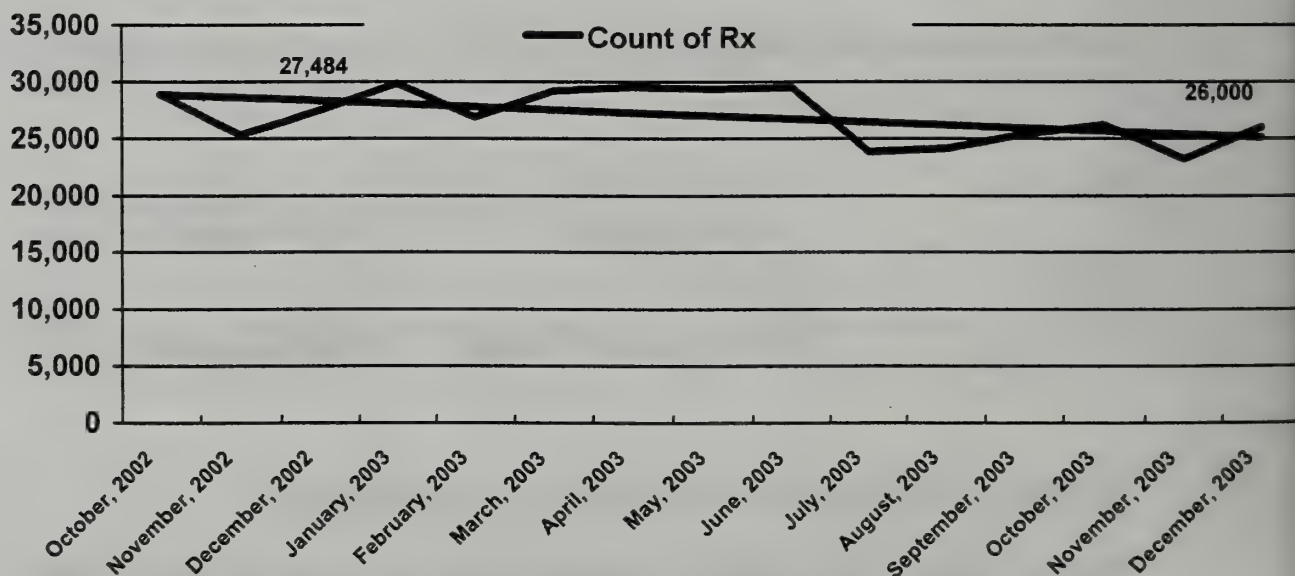
Patients eligible for CHN outpatient prescription benefits who utilize this benefit has remained relatively constant at approximately 27-28% during FY 2002-03 and through FY 2003-04 (see chart below.)



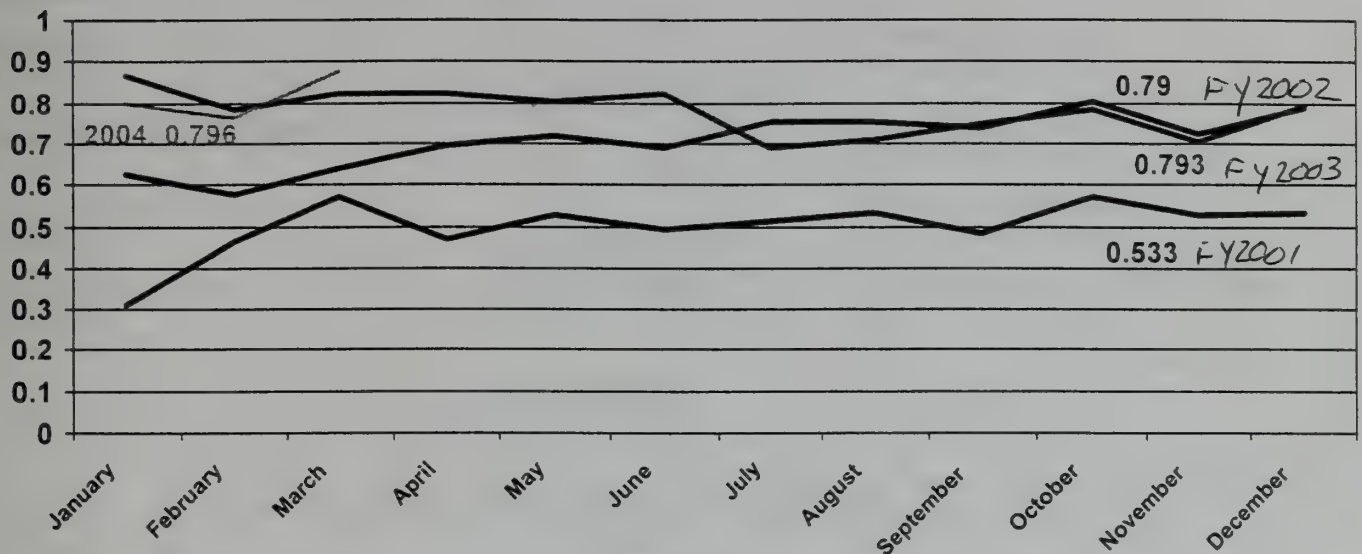


### PRESCRIPTION VOLUME

Total prescription volume decreased slightly in FY 2003-04 when compared to FY 2002-03. The decrease in prescription volume is likely due to change in the program in FY 2003-04 to exclude benefit coverage for patients above 300% of the Federal Poverty Level.



Prescriptions per eligible patient per month, however, remains constant at approximately 0.79.



Approximately half (52%) the total monthly volume of prescriptions are filled by SFGH Outpatient Pharmacy. In contrast, SFGH Pharmacy previously filled approximately 40% of prescriptions when the PBM program was in place.

### WAIT TIMES & PATIENT SATISFACTION

Wait times at SFGH Outpatient Pharmacy currently average two (2) hours. A CQI project with the goal of reducing wait times is planned for the 1<sup>st</sup> quarter of FY 2004-05. Self-reported wait times at the contracted retail pharmacies currently average forty (40) minutes. A patient satisfaction survey conducted in March 2004 indicate patients are generally satisfied with pharmacy services, but not with the longer wait times.

### NEXT STEPS

A calendaring request has been submitted for the June 15, 2004 Health Commission meeting. The request is to continue the contract with Pharmaceutical Care Network (PCN), CHN's third party claims administrator, for another 12-month period beginning July 1, 2004. Continuation of pass-through funding to the retail community pharmacies that are part of the outpatient prescription benefit program (AG Pharmacy and RiteAid) is also included in the request. Increases in the total contract and pass-through amounts are further requested, due to potential increases in patient and prescription volume resulting from FY 2004-05 budget initiatives.

*City and County of San Francisco*  
**HEALTH COMMISSION**  
*Department of Public Health*  
*101 Grove Street, Room #311*  
*San Francisco, CA 94102*

(Address Correction Requested)

**FIRST CLASS MAIL**



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Michael L. Penn, Jr., M.D., Ph.D.  
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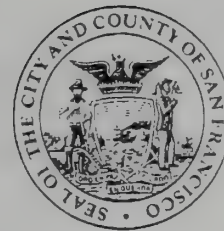
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## HEALTH COMMISSION

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## AGENDA

### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, July 13, 2004

3:45 to 5:30 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF MINUTES OF JUNE 8, 2004  
*\*Minutes of June 8, 2004*
- 3) FOR DISCUSSION: HOSPITAL ADMINISTRATOR'S REPORT  
(Activities and operations of SFGHMC)  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Report*
- 4) FOR DISCUSSION: PATIENT CARE SERVICES REPORT  
(Sue Currin, R.N., Chief Nursing Officer)  
*\*Report*
- 5) PUBLIC COMMENT\*\*

6) **CLOSED SESSION**

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session
- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**ACTION ITEM:**            **APPROVAL OF CLOSED SESSION MINUTES  
OF JUNE 8, 2004**

**FOR DISCUSSION  
AND POSSIBLE  
ACTION:**            **MEDICAL STAFF REPORT**  
Valerie Ng, M.D., Chief of Staff

**FOR ACTION:**            **CONSIDERATION OF CREDENTIALING MATTERS**  
Valerie Ng, M.D., Chief of Staff

**FOR DISCUSSION:**    **CONSIDERATION OF PEER REVIEW, QUALITY  
OF CARE AND PERFORMANCE IMPROVEMENT**  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

- 1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)(2) and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

7) **ADJOURNMENT**

\* Explanatory documents are available at the Joint Conference Committee, 101 Grove Street, Room #311.

\*\* Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

**Disability Access**

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23<sup>rd</sup> Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22<sup>nd</sup> Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

### **Public Transportation**

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: [Donna\\_Hall@ci.sf.ca.us](mailto:Donna_Hall@ci.sf.ca.us).

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: [www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm](http://www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm)





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### JOINT CONFERENCE COMMITTEE FOR

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### SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, July 13, 2004

3:45 to 5:30 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

#### 1) CALL TO ORDER

The meeting was called to order by Commissioner Monfredini at 3:45 p.m.

Present: Commissioner Lee Ann Monfredini, Chair

Absent: Commissioner John Umekubo, M.D.

Staff: Sue Carlisle, M.D., Sue Currin, Myra Garcia, Valerie Inouye, John Kanaley, John Luce, M.D., Anson Moon, Kathy Murphy, Valerie Ng, M.D., Gene O'Connell, Roland Pickens, Gregg Sass, Hiro Tokubo and Christine Wachsmuth.

#### 2) APPROVAL OF MINUTES OF JUNE 8, 2004

Action Taken: The Committee approved the minutes of the June 8, 2004 San Francisco General Hospital Joint Conference Committee meeting.





- **Discharge Medications** - A priority system to complete discharge medication orders was instituted as part of the Condition Yellow/Red Policy. Discharge Lounge Healthcare Worker is available to deliver discharge medications.
- **Medicine Service Appointment of a Hospitalist to the Committee** - A Hospitalist was appointed to the Committee to facilitate communication with the Medical Staff.
- **Nursing Resources For Peak Census Periods** - The role of the Roving Nurse was started in May 2001. In January 2002, a second Roving Nurse was added to the staffing to increase coverage to 7 days/week.
- **Report And Planning Meeting With Nursing Representation from Key Areas** - 7:30 a.m. report meeting held daily with key nursing areas to review the status of patients waiting for beds and plan patient flow for the day. Key medical staff (e.g. Anesthesia Attending, Chief of Staff) meet with the interdisciplinary group during Condition Red.
- **Cancellation Criteria for Elective Procedures** - The Charge Anesthesiologist, OR Nurse Manager, and AOD meet during times of Condition Yellow/Red to determine required changes in the OR schedule.
- **PACU Backup** - The Surgical Teams now round by 7:00 a.m. to facilitate bed assignments for PACU patients held overnight. An algorithm was developed to define bed placement for recovery of critical care patients directly in 4E.
- **Efficient Utilization of SNF Level of Care** - Policy regarding direct 4A SNF admissions from the ED was drafted. The ability to admit patients to 4A was increased to 24hours/day, 7 days/week. A LHH-SFGH Patient Flow Task Force was established in January 2004. This multidisciplinary Task Force is chaired by the Deputy Director of Public Health and has instituted numerous actions to improve patient flow. Daily rounds are held with LHH medical staff representatives and SFGH UR/Nursing Admin and SW to review all referrals and facilitate transfers. In addition, rounds are conducted two times/week with the CNO to review the discharge plans for all decertified patients.
- **Primary Care Admits** - Clinic work-ups are completed in the clinic. Clinic admissions are prioritized by the AOD for inpatient beds rather than sending patients to the ED.
- **McMillian Sobering Center Utilization** - The ED reviewed the usage of the Center and the referral criteria. In May 2004, the ED Nursing Leadership toured the Center and met with St. Francis ED to review McMillian transfer practice. SFGH ED social worker, medical and nursing staff education regarding the Center was completed and a concurrent audit process was instituted to track daily usage from SFGH.
- **ED Patient Flow** - The vacancy rate in June 2004 is now 14.8% with 13 new hires to start a training program in July 2004. During Condition Yellow/Red the ED Guidelines were developed to expedite ED admissions to med-surg beds when Housekeeping cannot turnover clean beds within 20 minutes. ED Attending directly admits patients to a med-surg bed prior to the patient being seen by the admitting team during Condition Yellow/Red.

## 5. PSYCHIATRIC EMERGENCY SERVICES

Psychiatric Emergency Services was on Yellow Alert 208 hours or 28% in May, and 253 hours or 35% in June.

### 3. RETENTION AND RECRUITMENT

**DAISY Award:** Mildred Edgar who works in the Surgicenter and PACU was presented with the DAISY Award on June 18, 2004. Mildred recently stepped up to assume a leadership role in the Surgicenter when three of her RN colleagues were out for an extended period. Mildred calmly and efficiently coordinated the unit activities insuring that all patient needs were met even going so far as to come in on her days off. Mildred has also taken a strong role as a patient advocate stressing the importance of education in improving patient outcomes.

**Grant Proposal - RN Internship Program:** In May 2004, Sue Currin, Leslie Holpit and SFGH Foundation representatives met at the Gordon and Betty Moore Foundation to discuss a concept paper for an RN Internship Program which was submitted to the Moore Foundation. The Moore Foundation has pledged \$110 million to improve the quality of nursing related patient care in Bay Area acute care hospitals. The paper was favorably reviewed by Moore Foundation staff who asked that SFGH submit a full proposal on the RN Internship Program. At this time, Leslie Holpit, Nursing Administration and Leigh Illion, Development Director for the SFGH Foundation are developing the full proposal. The RN Internship Program will provide extended training (up to six months) for new graduate RNs in all specialty areas at SFGH. The program includes extended clinical preceptorship hours, didactic instruction, a seminar and mentorship components. The program will emphasize the development of clinical reasoning skills for the new graduate RN. The grant will include funds for preceptor training, mentor training and backfill for preceptors and RN Interns. Grant collaborators include SFSU and CCSF. RN Interns can potentially receive academic credit at SFSU for completion of the program, which can be applied toward a BSN. The full proposal will be submitted on July 16, with the proposal cost at \$1.8 million.

### 4. BED UTILIZATION & PATIENT FLOW PROJECT - ORGANIZATIONAL IMPROVEMENT

#### SUMMARY

#### **ACTIONS TAKEN:**

- **Teaching Rounds** - The Department of Medicine teaching rounds were rescheduled to a later time to allow the Housestaff to complete patient rounds and write the discharge orders before 12 noon. The Director of Inpatient Medical Services sent a memo and reported to the Department of Medicine the positive impact of changing the time of teaching rounds on discharge orders.
- **Waiting Area For Discharged Patients** - The Discharge Lounge opened in December 2000. The Discharge Lounge was relocated to 5A in December 2002 to increase the patient space and allow access to nursing resources when needed. The Healthcare Worker makes periodic rounds to facilitate the movement of patients to the Discharge Lounge and collects concurrent data on all discharged patients to track Discharge Lounge utilization.
- **Alert System To Mobilize Resources During Peak Census Periods** - Condition Yellow/Red Policy was developed to alert all staff involved in the discharge/admission of a patient to mobilize resources during times of severe bed shortage. A pilot of the Condition Yellow/Red Policy was tested in December 2000. Condition Yellow/Red is reported monthly with the Diversion Report.
- **Staff Education About Diversion, Condition Yellow/Red** - Education sessions were held with all hospital staff regarding diversion and the impact on the system.
- **Turnover of Dirty Beds** - A priority alert system for bed cleaning was instituted as part of the Condition Yellow/Red Policy.



# PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, July 2004

Sue Currin, RN, MS, Chief Nursing Officer

San Francisco General Hospital

## 1. STAFFING & VACANCY RATE

The overall RN vacancy rate for areas reported is 8.58 %.

| AREA                                                    | RN VACANCY RATE | NO. VACANT FTE | TRAINING PROGRAMS IN PROGRESS                                                                        |
|---------------------------------------------------------|-----------------|----------------|------------------------------------------------------------------------------------------------------|
| Med/Surg<br>(includes 4A/SNF unit and 4B/Stepdown unit) | 7.07%           | 11.25          | 17 new hires in employment processing since last report for 7/12 TP start date: 3 P103s and 14 2320s |
| Critical Care                                           | 11.62%          | 12.3           | 2 new 2320 RN hires identified for Aug TP (2 declined due to family emergencies)                     |
| Perinatal                                               | 3.44%           | 2.2            | Interviews in process                                                                                |
| Perioperative                                           | 8.07%           | 3.8            | TP start date moved to 8/04; 4 new 2320 RN hires in employment processing                            |
| Emergency                                               | 12.41%          | 8.8            | 17 new hires in employment processing: 13 for July 12 TP, 4 exp RNs (1 2320 & 3 P103s).              |
| Psychiatry                                              | 8.68%           | 9.1            | 6 newly hired, experienced RNs in employment processing for July/August start dates.                 |

## 2. RATIO STAFFING DATA, 6/1/04 – 6/30/04

By Number of Shifts

|                                                | Critical Care | PACU | Medical Surgical | Pediatrics | Perinatal | Psychiatry | ED |
|------------------------------------------------|---------------|------|------------------|------------|-----------|------------|----|
| Area unable to meet minimum ratios             |               |      |                  |            |           |            |    |
| Area unable to cover breaks                    |               |      | 8                |            |           | 4          | 1  |
| Surgeries postponed related to ratios          |               |      |                  |            |           |            |    |
| Admissions held related to ratios              |               |      |                  |            |           |            |    |
| Beds closed / ED zone closed related to ratios |               |      |                  |            |           |            |    |



- C) Closed Session Pursuant to Evidence Code Sections 1157(a) and (b); 1157.7, Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**APPROVAL OF CLOSED SESSION MINUTES OF JUNE 8, 2004**

Action Taken: The Committee approved the June 8, 2004 closed session minutes.

**MEDICAL STAFF REPORT**

Valerie Ng, M.D., Chief of Staff

**CONSIDERATION OF CREDENTIALING MATTERS**

Valerie Ng, M.D., Chief of Staff

Action Taken: The Committee approved the June Credentials Report.

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**

John Luce, M.D., Medical Director SFGH-QM

Hiroshi Tokubo, CHN Director, QM

Alison Moed, Director of Risk Management

Sue Currin, RN, Chief Nursing Officer

- D) Reconvene in Open Session

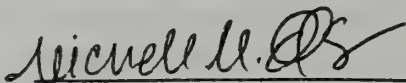
The Committee reconvened in open session at 5:04 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Committee voted not to disclose any discussion held in closed session.

7) **ADJOURNMENT**

The meeting was adjourned at 5:05 p.m.



Michele M. Olson

Executive Secretary to the Health Commission

Attachment (1)

### SFGH Executive Staff Committee Retreat

The SFGH Executive Staff Committee will be attending a daylong retreat on Thursday, July 15. Staff will be reviewing the achievements of last year's goals, establishing new goals, new objectives for this new fiscal year, and considering how to address some of the changes that are taking place in the organization.

### Commissioners' Comments

- Commissioner Monfredini said it is very important that the mammography van is back at SFGH. She and Commissioner Guy have been strong supporters and users of this service. Ms. O'Connell acknowledged Roland Pickens for writing the grant that resulted in funds to operate the van. Commissioner Monfredini asked what name the Mental Health Rehabilitation Facility would go by. Ms. O'Connell said the advisory committee is currently considering the new name. Commissioner Monfredini announced that the August meeting of the SFGH JCC is cancelled.

### 4) PATIENT CARE SERVICES REPORT

Sue Currin, RN, Chief Nursing Officer, SFGHMC, presented the Patient Care Services Report (Attachment A).

### Commissioners' Comments

- Commissioner Monfredini commended SFGH leadership for its competency and always rising to the occasion.

### 5) PUBLIC COMMENT

None.

### 6) CLOSED SESSION

#### A) Public Comments on All Matters Pertaining to the Closed Session

None.

#### B) Vote on Whether to Hold a Closed Session

Action Taken: The Committee voted to hold a closed session

The Committee went into closed session at 4:13 p.m.

Present in closed session were Commissioner Monfredini, Sue Carlisle, M.D., Sue Currin, Myra Garcia, John Kanaley, John Luce, M.D., Anson Moon, Kathy Murphy, Valerie Ng, M.D., Gene O'Connell, Roland Pickens, Hiro Tokubo, Christine Wachsmuth and Michele Olson.

### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Executive Administrator, SFGHMC, presented the Hospital Administrator's Report.

#### Program Updates

##### Avon Foundation's Support for Mammovan

At the closing ceremony of the Avon Walk for Breast Cancer on Sunday, July 11, 2004, Avon's President Kathleen Walas awarded five gifts to Bay Area breast cancer organizations totaling \$1,700,000. As one of the five, San Francisco General Hospital Medical Center (SFGH) received \$500,000 through the Avon Foundation's new "Supporting the Safety Net" initiative, to support operational costs for the mobile mammography unit, which is being donated to SFGH by the UCSF Comprehensive Cancer Center. The van is equipped with digital mammography equipment compatible with the units installed at the newly dedicated SFGH Avon Foundation Comprehensive Breast Center, and so will work seamlessly with operations there. An additional 3,500 women will be screened per year, decreasing backlog and current 6-9 month waiting time for these women.

##### Helicopter Flyover

As part of the Environmental Impact Report (EIR) for the proposed helipad project, which is being prepared by Turnstone Consulting under the direction of the City and County of San Francisco Department of Planning, a CALSTAR medical helicopter will be making a number of approaches and departures over the SFGH Campus tomorrow July 14, 2004 between noon and 1:00 p.m. These flights are part of the EIR noise study being conducted by an acoustical consultant.

At 1:30 pm, SFGH is sponsoring a community event where the CALSTAR helicopter will land at Rolph Playground (located on Potrero and Cesar Chavez) and where community residents can see and hear about the helicopter ambulances.

##### DHS Survey of SNF beds

The Department of Health Services arrived July 12, 2004 to begin its annual survey of the Skilled Nursing Facility beds (MHRF and Unit 4A). The surveyors will be at the hospital until Thursday.

##### Opening of Mental Health Rehabilitation Center

San Francisco General Hospital was awarded a 47-bed license by the Department of Mental Health for its Mental Health Rehabilitation Center (MHRC). The MHRC, located on the third floor of the San Francisco Behavioral Health Center (formally named the Mental Health Rehabilitation Facility or MHRF) opened last Tuesday, July 6, 2004 and as of today, the census is near capacity.

##### FY 2004-2005 Budget

Due to the complexity of the hospital's budget, the numerous position deletions, new initiatives, add-backs and restoration of jail health services, which also affect the hospital services for the jail patients, Ms. O'Connell stated the hospital does not have the final details of the budget to present at this time. Some items to note are that many of the structural problems in the salary and materials and supplies budgets were addressed and anticipated billings and collections from patient revenues are projected to increase. Ms. O'Connell will keep the Commissioners informed as staff looks to reorganize and address issues.



Edward A. Chow, M.D.  
President

Lee Ann Monfredini  
Vice President

Roma P. Guy, M.S.W.  
Commissioner

James M. Illig  
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.  
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*Agenda*

## CANCELLATION NOTICE

### JOINT CONFERENCE COMMITTEE FOR THE SAN FRANCISCO GENERAL HOSPITAL COMMITTEE MEETING

The Joint Conference Committee for the San Francisco General Hospital meeting scheduled for Tuesday, August 10, 2004 has been cancelled.

The next regularly scheduled meeting will be on Tuesday, September 14, 2004 at 3:45 p.m.

An agenda will follow.

For information call the Health Commission Office at 554-2666.

Posted July 7, 2004



Edward A. Chow, M.D.  
President

Lee Ann Monfredini  
Vice President

Roma P. Guy, M.S.W.  
Commissioner

James M. Illig  
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.  
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David J. Sánchez, Jr., Ph.D.  
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John I. Umekubo, M.D.  
Commissioner

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### AGENDA

#### JOINT CONFERENCE COMMITTEE FOR

#### SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, September 14, 2004  
3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

09-10-04 P01:20 R:70

Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE JULY 13, 2004  
SFGH JOINT CONFERENCE COMMITTEE MEETING**  
*\*Minutes of the meeting of July 13, 2004*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**  
(Activities and operations of SFGHMC)  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**  
(Sue Currin, R.N., Chief Nursing Officer)  
*\*Report*

5) **PUBLIC COMMENT\*\***



6) **CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**ACTION ITEM:**      **APPROVAL OF CLOSED SESSION MINUTES OF JULY 13, 2004**

**FOR DISCUSSION AND POSSIBLE ACTION:**      **MEDICAL STAFF REPORT**  
Valerie Ng, M.D., Chief of Staff

**FOR ACTION:**      **CONSIDERATION OF CREDENTIALING MATTERS**  
Valerie Ng, M.D., Chief of Staff

**FOR DISCUSSION:**      **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

- \* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.
- \*\* Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

**Disability Access**

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23<sup>rd</sup> Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22<sup>nd</sup> Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

### **Public Transportation**

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: [Donna\\_Hall@ci.sf.ca.us](mailto:Donna_Hall@ci.sf.ca.us).

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: [www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm](http://www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm)

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### MINUTES

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### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, July 13, 2004  
3:45 to 5:30 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

#### 1) CALL TO ORDER

The meeting was called to order by Commissioner Monfredini at 3:45 p.m.

Present: Commissioner Lee Ann Monfredini, Chair

Absent: Commissioner John Umekubo, M.D.

Staff: Sue Carlisle, M.D., Sue Currin, Myra Garcia, Valerie Inouye, John Kanaley, John Luce, M.D., Anson Moon, Kathy Murphy, Valerie Ng, M.D., Gene O'Connell, Roland Pickens, Gregg Sass, Hiro Tokubo and Christine Wachsmuth.

#### 2) APPROVAL OF MINUTES OF JUNE 8, 2004

Action Taken: The Committee approved the minutes of the June 8, 2004 San Francisco General Hospital Joint Conference Committee meeting.



Edward A. Chow, M.D.  
President

Lee Ann Monfredini  
Vice President

Roma P. Guy, M.S.W.  
Commissioner

James M. Illig  
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.  
Commissioner

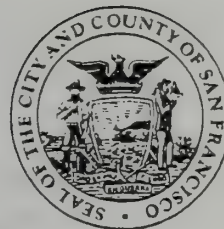
David J. Sánchez, Jr., Ph.D.  
Commissioner

John I. Umekubo, M.D.  
Commissioner

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## MINUTES

### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, September 14, 2004

3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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#### 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:45 p.m.

Present: Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

Staff: Sue Carlisle, M.D., Anne Chang, Sue Currin, Myra Garcia, Valerie Inouye, Sharon Kotabe, John Luce, M.D., Kathy Murphy, Alison Moed, Valerie Ng, M.D., Roland Pickens, Hiro Tokubo and Chris Wachsmuth.

#### 2) APPROVAL OF THE MINUTES OF THE JULY 13, 2004 SFGH JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the July 13, 2004 San Francisco General Hospital Joint Conference Committee.

#### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, SFGHMC Executive Administrator, presented the Hospital Administrator's Report.



## Program Updates:

### Potential Pharmacy Legislation for Low Income Uninsured

Sharon Kotabe, CHN Administrator for Pharmaceutical Services, has been working with Senator Jackie Speier's office by providing information on San Francisco County's indigent prescription benefit and the Federal 340B drug discount program. Senator Speier is considering proposing expanded access to prescription drugs for low income patients who are not covered by Medi-Cal or other prescription insurance by greater use of community clinics and other service providers that currently access Federal 340B discounted pharmaceutical prices or by designing a program to assist uninsured and senior citizens access drug manufacturers' patient assistance programs. This would include proposing changes to 340B legislation to allow covered entities to contract with more than one pharmacy and strengthening the infrastructure of those participating entities. Currently, the governor is considering a state contract with a pharmacy benefit manager to negotiate discounted prices with drug companies or offering M-Cal prices to the low-income uninsured.

### Mayor Newsom's Press Conference at SFGH

On September 9, Mayor Gavin Newsom held an hour-long press conference meeting with patients from the Mission District to talk about health care issues. The services provided by the Department of Public Health, especially those by San Francisco General Hospital, were discussed. This session was organized and filmed by Telemundo (Channel 48), a Spanish cable television station, and aired as a segment of its 6:00 p.m. news program. Issues raised included long waits at the Outpatient Pharmacy, the need for more interpreters, overcrowding in the Emergency Department, and concerns about the possibility of SFGH moving to Mission Bay. The patients, many who have been coming to SFGH for over 20 years, also expressed their gratitude to the staff for working hard and continuing to improve services even during difficult financial times. The opinion among these patients was that even with the aforementioned shortcomings, SFGH remained the best hospital for their needs.

### PEP-C III Performance

SFGH participated in the third Patient Evaluation of Performance in California (PEP-C III) patient satisfaction survey and received a two-star rating ("average") in 7 of 8 survey dimensions of care. SFGH's overall performance rating of two-stars is better than almost a quarter of the other hospitals participating in the survey statewide. This year, SFGH sent out its surveys in English, Chinese and Spanish. Scores have improved since participating in the PEP-C I, where SFGH received two-star ratings in only five dimensions. Specific improvement efforts that have been implemented over the past year as a result of the PEP-C III, with an emphasis on patient safety, include:

- Development of a process for assuring that patients are accurately identified whenever services are delivered
- Implementation of Universal Protocols for preventing surgical errors
- Initiation of hospital wide hand hygiene campaign to reduce hospital acquired infections
- Introduction of an improved smoking cessation program designed to identify smokers, provide smoking cessation counseling, and assure a smoke-free environment



The results of the PEP-C III survey will be publicly released on September 14, 2004. The details of the results of the survey are attached (Attachment A).

#### Update on Licensing and Programming at the San Francisco Behavioral Health Center (SFBHC)

On September 9, representatives from the Department of Social Services' (DSS) Community Care Licensing Division came to the SFBHC to discuss the license for the future Adult Residential Facility and Social Rehabilitation program projected to open on the first floor in October 2004. Gene O'Connell, CEO, Sharon McCole-Wicher, Director of Behavioral Health Services, Lawrence Marsco, JCAHO/Regulatory Affairs Manager, Hiro Tokubo, Director of Quality Management, and Kathy Jung, Assistant Administrator for Support Services, were in attendance. The meeting was to provide DSS an opportunity to see the designated site and for SFGH to ask questions regarding the regulations and the license application process. Gene O'Connell provided a brief overview of the Blue Ribbon Committee's resolution to reconfigure the facility into four levels of behavioral health care and the team gave a tour of the first floor. Some of the challenges identified were: making an 'institution' a 'home', converting a room into a 'kitchenette' so that a kitchen and dining area would be accessible to the residents at all times, and controlling the flow of mental health rehabilitation center patients from the third floor using the north elevator. DSS also stated that the average time from when an application is received to licensure is 3-6 months. Planning for both programs is continuing and the application is expected to be submitted next week.

#### SFGH 04-05 Strategic Goals

The Executive Committee held its annual retreat this past July and revised the hospital's fiscal year goals. A draft of the goals is attached (Attachment B).

#### Staff News:

As a consequence of the 04-05 budget, many staff at SFGH will be displaced or will be retiring as of September 24, necessitating major organizational changes. Staff displaced or retiring that report to the Executive Administrator include:

Sharon Calcagno – Senior IS Manager, Information Systems  
Virgie Newman – Executive Secretary to the Executive Administrator  
Gloria Rodriguez – Director, Media Relations  
La Francine Tate – Special Assistant to the Executive Administrator  
Chris Wachsmuth – Associate Administrator, Emergency and Clinical Support

Chris has graciously agreed to provide some consultation to SFGH for the air medical access project after her retirement. SFGH thanks Chris for her dedication as a clinician and administrator, particularly in improving trauma services and getting the air medical access project off the ground.

Organizational changes occurring as a result of these personnel losses include:

- Hospital-based primary care clinics and patient services (e.g. interpreters, patient advocate) will report to Roland Pickens, Associate Administrator for Diagnostic and Medical Specialty Services.
- The Trauma Program, the Emergency Department, and Rehabilitation Services will report to Sue Currin, Chief Nursing Officer. Sue will also be redesigning utilization management.

- Disaster and Emergency Preparedness, CHEARS and the air medical access project will be supervised by John Kanaley, Associate Administrator for Support Services.
- Sharon Kotabe, CHN administrator for Pharmaceutical Services, will be the liaison to the Poison Control Center.
- Infection Control will report to Hiro Tokubo, Director of Quality Management. He will also be redesigning the Department of Education and Training.
- Anson Moon, Senior Health Program Planner, will be responsible for media relations in addition to data management and community relations.
- Esther Wong has been transferred to perform secretarial and other administrative duties for the Executive Administrator and her immediate office.

#### 4) **PATIENT CARE SERVICES REPORT**

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report (Attachment C).

#### **Commissioners' Comments**

- Commissioner Monfredini congratulated Ms. Currin and her staff for receiving the Moore Foundation grant.

#### 5) **PUBLIC COMMENT\***

None.

#### 6) **CLOSED SESSION:**

- A) **Public comments on all matters pertaining to the closed session**

None.

- B) **Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)**

**Action Taken:** The Committee voted to hold a closed session.

The Committee went into closed session at 4:10 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Umekubo, Sue Carlisle, M.D., UCSF Associate Dean, Anne Chang, Executive Assistant/Operations Manager (left at 4:25 p.m.), Myra Garcia, CPCS, CMSC, MSSD Analyst, Sharon Kotabe, Pharm. D., Pharmacy Director, John Luce, M.D., Chair, PIPS, Kathy Murphy, Deputy City Attorney, Alison Moed, R.N., Director, Risk Management (left at 4:25 p.m.), Valerie Ng, M.D., Chief of Staff, Roland Pickens, Associate Administrator, Hiro Tokubo, Director, Quality Management, Chris Wachsmuth, R.N., Associate Administrator and Michele Olson, Health Commission Executive Secretary.

- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**APPROVAL OF CLOSED SESSION MINUTES OF JULY 13, 2004**

Action Taken: The Committee approved the July 13, 2004 closed session minutes.

**MEDICAL STAFF REPORT**

Valerie Ng, M.D., Chief of Staff

**CONSIDERATION OF CREDENTIALING MATTERS**

Valerie Ng, M.D., Chief of Staff

Action Taken: The Committee approved the June Credentials Report.

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**

John Luce, M.D., Medical Director SFGH-QM

Hiroshi Tokubo, CHN Director, QM

Alison Moed, Director of Risk Management

Sue Currin, RN, Chief Nursing Officer

- D) Reconvene in Open Session

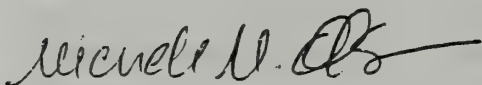
The Committee convened in open session at 4:45 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

**7) ADJOURNMENT**

The meeting was adjourned at 4:46 p.m.



Michele M. Olson

Executive Secretary to the Health Commission

Attachments: (3)



\*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

## PATIENTS EVALUATION OF PERFORMANCE IN CALIFORNIA (PEP-C) PEP-C III RESULTS

As a participant in the California PEP-C III (Patients Evaluation of Performance in California) Patient Satisfaction Project, San Francisco General Hospital Medical Center (SFGHMC) is demonstrating its commitment to the unique population it serves. As a public, safety net hospital, its mission is to deliver humanistic, cost-effective and culturally competent health services to the residents of the City and County of San Francisco. Through the PEP-C III project, SFGHMC has the opportunity to listen to its patients and work toward improving their hospital experience. The survey results provide important feedback about areas of excellent service and serve to identify opportunities for improvement.

SFGHMC has participated in all three PEP-C surveys and its results have improved with each survey. In PEP-C I, SFGHMC received one-star for its "All Patient Combined" score; in PEP-C II, it received two stars and maintained that status in PEP-C III. In PEP-C I, SFGHMC received two stars in only three dimensions and one star in four dimensions. In PEP-C II, the scores improved to two stars in five dimensions and one star in two dimensions. In PEP-C III, the scores improved even further to receiving two stars in six dimensions and one star in only one dimension. Please refer to the table below:

### SFGH PEP-C RESULTS

| DIMENSION                             | PEP-C I | PEP-C II | PEP-C III |
|---------------------------------------|---------|----------|-----------|
| Overall Rating of Care                | N/A     | **       | **        |
| All Patient Combined                  | *       | **       | **        |
| Would recommend to family and friends | N/A     | **       | **        |
| Maternity Patients                    | **      | **       | **        |
| Surgical Patients                     | *       | *        | *         |
| Medicine Patients                     | **      | **       | **        |
| Respect for Patient Preferences       | *       | *        | *         |
| Continuity of Care                    | *       | *        | **        |
| Information & Education               | *       | **       | **        |
| Physical Comfort                      | **      | **       | **        |
| Emotional Support                     | *       | **       | **        |
| Involvement of Family and Friends     | **      | **       | **        |
| Transition to Home                    | **      | **       | **        |
| Experience with Safe Medical Practice | N/A     | N/A      | **        |

The hospital leadership and staff are committed to continuing to improve scores especially in the dimension of Respect for Patient Preferences.

SFGHMC is particularly proud that the survey results told us that our Childbirth patients rated SFGHMC higher than the PEP-C average on the dimensions of care related to Coordination of Care and Transition to Home.

The PEP-C III survey provides staff with the kind of information it needs, directly from SFGHMC patients and identifies improvement efforts to focus on. Ongoing improvement in Patient Safety is a top priority. Over the past year, several specific efforts have been implemented, including:

- Development of a process for assuring that patients are accurately identified whenever services are delivered.
- Implementation of Universal Protocols for preventing surgical errors
- Initiation of a hospital-wide hand hygiene campaign to reduce hospital acquired infections.
- Introduction of an improved smoking cessation program designed to identify smokers, provide smoking cessation counseling, and assure a smoke-free environment.

Patient Satisfaction is one of many ways we assess the quality of care provided. SFGHMC's Performance Improvement and Patient Safety program includes ongoing monitoring and improvement in all aspects of patient care, including patient safety, infection control, communication among providers, and many clinical practices. All staff is involved in this effort to assure high quality care for our patients.

Gene O'Connell  
Chief Executive Officer  
San Francisco General Hospital Medical Center



DRAFT

# **SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER**

## **VISION, MISSION, VALUE AND GOALS**

### **FISCAL YEAR 2004 - 2005**

**VISION:** TO BE THE BEST PUBLIC HOSPITAL IN THE COUNTRY.

**MISSION:** THE MISSION OF SAN FRANCISCO GENERAL HOSPITAL IS TO DELIVER HUMANISTIC, COST-EFFECTIVE, AND CULTURALLY COMPETENT HEALTH SERVICES TO THE RESIDENTS OF THE CITY AND COUNTY OF SAN FRANCISCO BY:

- PROVIDING ACCESS TO ALL RESIDENTS BY ELIMINATING FINANCIAL, LINGUISTIC, PHYSICAL AND OPERATIONAL BARRIERS;
- PROVIDING QUALITY SERVICES THAT TREAT ILLNESS, PROMOTING AND SUSTAINING WELLNESS, AND PREVENTING THE SPREAD OF DISEASE, INJURY AND DISABILITY;
- PARTICIPATING IN AND SUPPORTING TRAINING AND RESEARCH; AND
- THE COMMITMENT TO COMMUNITY INVOLVEMENT IN HEALTHCARE NEEDS.

**VALUE:** IS TO PROMOTE ACCESS TO SERVICES, QUALITY OF CARE, PATIENT SAFETY, CUSTOMER SATISFACTION, STAFF MORALE, RESOURCE MANAGEMENT, EFFECTIVE PARTNERSHIP, AND ACADEMIC EXCELLENCE.

#### **GOALS:**

**OVERARCHING GOAL:** Strengthen the relationship of SFGH as a public hospital within a health department and create linkages and integration of services with public health programs. Place a greater focus on improving cultural competence and on patient safety.

1. DECREASE STAFF VACANCY AND TURNOVER RATES.
2. ASSESS AND RE-DESIGN PROCESSES AND RESOURCES TO MAINTAIN OPERATIONAL EFFICIENCY.
3. MAINTAIN FAVORABLE VARIANCES TO BUDGET FOR BOTH PATIENT REVENUES AND OPERATING EXPENSES.
4. IMPROVE ACCESS TO OUTPATIENT AND DIAGNOSTIC SERVICES
5. COMPLETE LEVEL 1 TRAUMA CENTER VERIFICATION AND DESIGNATION APPROVAL PROCESS.
6. PLAN AND DESIGN AIR MEDICAL ACCESS FOR SFGH.
7. PLAN FOR THE REPLACEMENT HOSPITAL
8. PARTICIPATE IN THE TRANSITION TO A SINGLE DPH INFORMATION SYSTEM.
9. ENSURE PATIENT PLACEMENT AT THE APPROPRIATE LEVEL OF SERVICE WITHIN THE CONTINUUM OF CARE.
10. MEET ALL REGULATORY STANDARDS AND REGULATIONS.

# PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee. September 2004

Sue Currin, RN, MS, Chief Nursing Officer

San Francisco General Hospital

## 1. STAFFING & VACANCY RATE - JULY

SFGH has a total of 52.6 vacant RN FTEs in the areas listed below. The overall RN vacancy rate for SFGH is 9.5 %.

| AREA                                                    | RN VACANCY RATE | NO. VACANT FTE | TRAINING PROGRAMS IN PROGRESS                                                                                           |
|---------------------------------------------------------|-----------------|----------------|-------------------------------------------------------------------------------------------------------------------------|
| Med/Surg<br>(includes 4A/SNF unit and 4B/Stepdown unit) | 7.9%            | 13.8           | Interviews in process for next TP.                                                                                      |
| Critical Care                                           | 11.72%          | 12.4           | 6 new 2320 RN hires identified for August TP.                                                                           |
| Perinatal                                               | 4.69%           | 3.0            | Interviews in process.                                                                                                  |
| Perioperative                                           | 7.8%            | 3.7            | OR TP start date moved to 8/04; 4 new 2320 RN hires starting.                                                           |
| Emergency                                               | 20.8%           | 14.8           | 17 new hires started 7/12 : 13 for TP, 4 experienced RNs (1 2320 and 13 P103s). Interviews in process for September TP. |
| Psychiatry                                              | 4.68%           | 4.9            | Interviews in process.                                                                                                  |

## STAFFING & VACANCY RATE - AUGUST

SFGH had a total of 51.3 vacant RN FTEs in August for the areas listed below. The overall RN vacancy rate remains unchanged from July.

| AREA                                                    | RN VACANCY RATE | NO. VACANT FTE | TRAINING PROGRAMS IN PROGRESS                                                |
|---------------------------------------------------------|-----------------|----------------|------------------------------------------------------------------------------|
| Med/Surg<br>(includes 4A/SNF unit and 4B/Stepdown unit) | 6.36%           | 9.5            | Interviews in process for October TP.                                        |
| Critical Care                                           | 13.42%          | 14.2           | Started 7 in August TP. Interviews in process for October TP.                |
| Perinatal                                               | 6.10%           | 3.9            | Interviews in process.                                                       |
| Perioperative                                           | 7.7%            | 3.7            | Started 4 in August TP; interviews in process to fill remaining vacancies.   |
| Emergency                                               | 23.27%          | 16.5           | 3 new hires to start October TP; interviews still in process for October TP. |
| Psychiatry                                              | 4.19%           | 4.4            | 1 new hire started in August; interviews continue.                           |

## 2. COMPLIANCE WITH RATIO STAFFING REQUIREMENTS. 7/1/04 – 7/31/04

### By Number of Shifts

|                                                | Critical Care | PACU | Medical Surgical | Pediatrics | Perinatal | Psychiatry | ED                                                                      |
|------------------------------------------------|---------------|------|------------------|------------|-----------|------------|-------------------------------------------------------------------------|
| Area unable to meet minimum ratios             |               |      |                  |            |           |            | 7/16/04:<br>Night<br>Shift: 11<br>RNs plus<br>ED<br>Nursing<br>Director |
| Area unable to cover breaks                    |               |      |                  |            |           | 5          |                                                                         |
| Surgeries postponed related to ratios          |               |      |                  |            |           |            |                                                                         |
| Admissions held related to ratios              |               |      |                  |            |           |            |                                                                         |
| Beds closed / ED zone closed related to ratios |               |      |                  |            |           |            |                                                                         |

## COMPLIANCE WITH RATIO STAFFING REQUIREMENTS. 8/1/04 – 8/31/04

### By Number of Shifts

|                                                | Critical Care | PACU | Medical Surgical | Pediatrics | Perinatal | Psychiatry | ED |
|------------------------------------------------|---------------|------|------------------|------------|-----------|------------|----|
| Area unable to meet minimum ratios             |               |      |                  |            |           |            |    |
| Area unable to cover breaks                    |               |      | 2                |            |           | 11         |    |
| Surgeries postponed related to ratios          |               |      |                  |            |           |            |    |
| Admissions held related to ratios              |               |      |                  |            |           |            |    |
| Beds closed / ED zone closed related to ratios |               |      |                  |            |           |            |    |

## 3. SAN FRANCISCO BEHAVIORAL HEALTH FACILITY

The San Francisco Behavioral Health Center (SFBHC) formerly known as the Mental Health Rehabilitation Facility (MHRF) is currently undergoing reconfiguration for multi-license patient care services. The Director of Facility Operations is Alex Anagnos, RN, MSN, CS.

The Mental Health Rehabilitation Center (MHRC), licensed under the State Department of Mental Health (DMH), opened on the 3rd floor of the facility in early July 2004. This 47-bed program provides long-term mental health services to the severely and persistently mentally ill population of the City and County of San Francisco. The average length of stay is expected to be approximately 3-4 months. The unit staff is comprised of Psychiatrist, Director of Nursing, Registered Nurses, LVN/LPTs, and Mental Health Rehab Worker/Certified Nursing Assistants, Social Workers, Rehab Specialists, Activity Staff and Vocational Rehab Staff.



Clients on this unit are more psychiatrically than medically ill, however, many do have chronic medical problems and conditions that are managed by the facility's primary care staff consisting of an MD and Adult Nurse Practitioners. The Program Administrator is Linda Sims, RN.

The Skilled Nursing Facility (SNF) is now located on the 2nd floor of the facility. This 59 bed program is licensed by the State Department of Health Services (DHS). The focus of this program is on the severely and persistently mentally ill population of the City and County of San Francisco who also have complex, subacute medical problems, in addition to their primary mental health diagnoses.

The staffing for this unit is similar to the 3rd floor MHRC with more nursing staff and a few less rehabilitation staff owing to the medically complex nature of the population served. The Program Director for the SNF is Alfredo Abarca, RN, Director of Nursing Services.

The facility also contracts with Seneca Centers for a residential adolescent treatment program licensed by the State Department of Community Care Licensing (CCL). It serves approximately 22 adolescents with mental illness. Jill Jamie is the Program Director.

In planning and development are the facility's 1st floor programs. We are trying to develop a 27-bed Adult Residential Facility (ARF) which will be licensed through CCL as well as a 14-bed Adult Residential Treatment Facility which also will be licensed through CCL. Staff have been attending the State CCL training sessions simultaneously with the submission of the application(s) for licensure. It is expected that these mental health housing and treatment programs will come on line in the Fall of 2004.

#### **4. PSYCHIATRIC EMERGENCY SERVICES**

Psychiatric Emergency Services was on Yellow Alert 135 hours or 18% in July, and 332.5 hours or 45% of the month in August.

#### **5. MOORE FOUNDATION RN INTERNSHIP PROGRAM PROPOSAL**

The 2.37 million dollar proposal continues to move through the approval process at the Moore Foundation. The proposal successfully completed the two-week internal Moore Foundation review process and is pending final approval. Nursing Services should receive a funding decision in the near future.

#### **6. UTILIZATION MANAGEMENT TRANSITION**

Effective September 1, 2004, the Utilization Management (UM) Department transitioned into its new skill mix and structure with Letty Lintag, RN as the Department Manager. Under the new staffing model, seven 2322 Nurse Manager positions were replaced by Utilization Review Coordinators comprised of a combination of 2320 Staff Nurses and 2920 Medical Social Workers. The payroll savings from the change is expected to be \$211,550 for Fiscal Year 2004/05.

Over the last five months, four of the Nurse Managers retired or resigned from San Francisco General Hospital. The remaining three staff were reassigned to other departments as of September 1. The requisitions to fill the vacant staff nurse and social worker positions have not been released. The Utilization Management Department has been operating with minimal per diem staff and as projected, the transition has impacted revenue opportunities. After the requisitions are released,

positions are filled and orientation completed, the UM Department should be fully operational within two months.

The Utilization Review Coordinators will continue to be responsible for determining the level of care a patient requires based on chart review, discussions with physicians/social workers/nursing/rehabilitation services staff and interviews with patients/families. The staff is also responsible for communicating daily with third party payers about the status of individual patients to ensure coverage, submits/presents appeals to Medi-Cal for denied hospital stays, and coordinates the authorization for the Tertiary Care Contract.

## **7. NEWBORN HEARING SCREENING**

The Infant Care Center received a commendation from the Bay Area Certification Center (HCC) and the Department of Health Services for our excellent Newborn Hearing Screening Program. The HCC designated SFGH as a newborn inpatient screening facility for 5 years, the highest and longest recertification period awarded to any facility.

## **8. SOARIAN UPDATE**

Although this update is site specific, updates about SOARIAN are really the enterprise, which consists of four entities (sites or divisions): San Francisco General Hospital, Laguna Honda Hospital, Jail Health Services, and Community Primary Care.

Both IS and Clinical-Liaisons have attended several Siemens' classes to learn the nuts and bolts of how to build our new clinical system. Aside from learning the basic building blocks, staff learned how to build assessments and other types of forms and have obtained an understanding of how the workflow engine functions, the true viscera of SOARIAN. Through these classes, it has become even more apparent how essential clinician input will be for the final product.

LCR migration (from Invision to Soarian) will be a phased-in strategy. The backload of results/reports and transfer of the current interfaces to Soarian Clinical Access will occur first. Replacement of our customized ability to input directly into the LCR will occur as other Soarian modules are brought "live".

Siemens was so impressed with one of our customized input functions in the LCR (Immunizations), that they will copy it and make it part of their model Soarian product.

A kick-off meeting and two-day work session for development of the long-term care component of Soarian took place last week at Laguna Honda Hospital. Staff from 4A and the MHRF (second floor of the S. F. Behavioral Health Center) will participate in the design process as well.

## **9. CalNOC UPDATE**

SFGH enrolled with CalNOC (California Nursing Outcomes Coalition) in 2000. It is a statewide nursing database depository that allows institutions to benchmark nursing quality indicators. The goal is to advance patient care excellence, enhancing performance improvement and patient safety efforts. SFGH compared favorably to the CalNOC average in the following areas when compared to hospitals of similar size:

- Patient falls with injury
- Skill mix



- Number of licensed staff per patient
- Percent of contracted staff

SFGH is also participating with CalNOC in a 4-year study looking at reducing patient falls in hospitals. A coach has been assigned to work with Nursing Services at SFGH. Three inpatient units are being studied: Stepdown (4B) and two Med/Surg units (5C and 6A).

| Areas Identified        | Individual Area                                                | Action                                                                                                                                                    |
|-------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Communication           | Fall Risk Identification not consistent throughout institution | Revision in nursing documentation. Fall risk added to nursing kardex and inter/intrafacility transfer form                                                |
| Fall Risk Tool          | Not evidenced based                                            | Change to Schmid Fall Risk Scale                                                                                                                          |
| Staff Nurse Involvement | Fall Risk Committee Advanced Nurse level                       | Transition staff nurse to participate in Fall Prevention committee to present case study on individual unit and participate in fall prevention strategies |

#### **10. EMERGENCY DEPARTMENT NURSING DIRECTOR**

Effective April 1, 2004, Bob Sypher, RN, Nurse Manager, 4E ICU, agreed to provide administrative oversight to the Emergency Department. In the few months that Bob has worked in the ED, he has been able to streamline admissions to the McMillon Sobering Center and facilitate an ED training program with 17 RN participants. Bob is also working on JCAHO preparation as well as other projects. We welcome Bob to this challenging interim position.

#### **11. 6A. 7D NURSE MANAGER**

Effective September 1, 2004, Elizabeth Romero, RN, BSN, is the new Nurse Manager for 6A and 7D. In addition to her clinical experiences in acute inpatient areas, Elizabeth comes with a strong background as a Discharge Planner, Visiting Nurse and Utilization Review Case Manager. She transitions to this new role after working as a Case Manager in SFGH's Utilization Management Department for 14 years. Elizabeth is a welcomed addition to the Medical/Surgical Leadership Group.

#### **12. 5D MED-SURG. CARDIOLOGY NURSE MANAGER**

Margo Dextraze-Cordova, RN, CNS, accepted the position as Nurse Manager for Unit 5D, Med-Surg/Cardiology. This role is an expansion of her current role as Manager of the Cardiology Clinic. The consolidation of both the outpatient and inpatient care under one Nurse Manager will facilitate continuity for patients with chronic cardiac conditions. Margo's clinical experience includes ambulatory, medical-surgical and critical care. She will be a valuable asset to the Medical Surgical Division.

#### **13. UCSF CENTER FOR THE HEALTH PROFESSIONS FELLOWSHIP**

Nursing Services is proud to announce that Sharon McCole-Wicher, RN, MS, has been selected as a member of the UCSF 2004-06 California Health Care Foundation's Health Care Leadership



Program. Sharon is one of only thirty accomplished health care professionals accepted into the program. Sharon is currently the Director of Behavioral Health Services at SFGH and is recognized for her outstanding leadership skills. Her participation in the program will give her the opportunity to learn about best practices and network with top health care leaders in California.

Edward A. Chow, M.D.  
President

Lee Ann Monfredini  
Vice President

Roma P. Guy, M.S.W.  
Commissioner

James M. Illig  
Commissioner

David J. Sánchez, Jr., Ph.D.  
Commissioner

John I. Umekubo, M.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

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Executive Secretary

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## AGENDA

### JOINT CONFERENCE COMMITTEE FOR

### SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, October 12, 2004  
3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

10-08 04A111 4 R010

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE SEPTEMBER 14, 2004 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING  
*\*Minutes of the meeting of September 14, 2004*

3) FOR DISCUSSION: HOSPITAL ADMINISTRATOR'S REPORT  
(Activities and operations of SFGHMC)  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Report*

4) FOR DISCUSSION: PATIENT CARE SERVICES REPORT  
(Sue Currin, R.N., Chief Nursing Officer)  
*\*Report*

5) FOR ACTION: REVIEW OF MEDICAL STAFF BYLAWS  
(Valerie Ng, M.D., Chief of Staff)  
*\*Medical Staff Bylaws*

**City and County of San Francisco  
HEALTH COMMISSION  
Department of Public Health  
101 Grove Street, Room #311  
San Francisco, CA 94102**

**(Address Correction Requested)**

**FIRST CLASS MAIL**

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SAN FRANCISCO CA 94102**



6) **PUBLIC COMMENT\*\***

7) **CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**ACTION ITEM:**      **APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 14, 2004**

**FOR DISCUSSION AND POSSIBLE ACTION:**      **MEDICAL STAFF REPORT**  
Valerie Ng, M.D., Chief of Staff

**FOR ACTION:**      **CONSIDERATION OF CREDENTIALING MATTERS**  
Valerie Ng, M.D., Chief of Staff

**FOR DISCUSSION:**      **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

8) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.

\*\* Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

**Disability Access**

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23<sup>rd</sup> Street, from where you enter the Main Building. Take an

elevator to the second floor, and look for Room 2A6. Parking is also available at 22<sup>nd</sup> Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

### **Public Transportation**

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: [Donna\\_Hall@ci.sf.ca.us](mailto:Donna_Hall@ci.sf.ca.us).

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:

[www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html](http://www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html)

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## MINUTES

### JOINT CONFERENCE COMMITTEE FOR

### SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, October 12, 2004

3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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#### 1) CALL TO ORDER

Commissioner Umekubo called the meeting to order at 3:45 p.m.

Present: Commissioner John I. Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini

Staff: Anne Chang, Sue Currin, Myra Garcia, Valerie Inouye, Kathy Jung, John Luce, M.D., Kathy Murphy, Alison Moed, Valerie Ng, M.D., Gene O'Connell, Roland Pickens, Pat Skala and Hiro Tokubo.

#### 2) APPROVAL OF THE MINUTES OF THE SEPTEMBER 14, 2004 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the September 14, 2004 San Francisco General Hospital Joint Conference Committee.

#### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell presented the Hospital Administrator's Report.



## Program Updates:

### *Temporary Power Outage*

On October 6 at approximately 6:30 a.m. during routine monthly testing of the emergency power system switch gears, both banks of battery back-up for the rectifier controls failed. This resulted in a loss of power to all emergency power plugs and numerous other circuits in the main hospital building for 2 hours and 39 minutes. Sue Currin, Chief Nursing Officer. Yuhum Digidigan, Director for Nursing Operations, and Lann Wilder, Emergency Response Coordinator, activated the Hospital Emergency Incident Command System (HEICS) and Sgt. Rafael Restauero implemented emergency facility lockdown and personnel identification procedures. Immediate impact on patient areas included battery-pack failures for some ventilators and IV pumps, loss of lighting in Trauma and ICU rooms and Med-Surg Forensic, loss of ORs with the exception of one on 3-hour back-up battery power, loss of x-ray capability, and loss of monitors and isolettes in Birth and Infant Care centers. Actions taken to restore operations included:

- ❖ All units were instructed to conserve energy by having only essential equipment plugged into operational outlets.
- ❖ All elective surgeries were cancelled until 12 noon.
- ❖ All ventilated patients were consolidated into the Coronary Care/Medical ICU unit to concentrate back-up energy and respiratory care.
- ❖ Generators were brought in to power ICUs, other patient care units, and one additional OR.
- ❖ The main IS data connection was affected, so all staff were instructed to use downtime procedures.
- ❖ SFGH was put on total diversion at 7:50 a.m.
- ❖ By approximately 8 a.m., all clinics had power with the exception of computer equipment. Patients were escorted in groups by SFGH staff to maintain safety while walking through poorly lighted areas.

Steps identified by staff to prevent and mitigate the problems faced during this outage included: 1) the need for tertiary redundancy for critical power circuits and controls and a battery maintenance/replacement schedule for switch gear controls, 2) improved battery performance of critical care equipment, 3) improved electrical wiring for ICUs, 4) immediate access to generators and extension cords, and 5) improved communication to update staff (e.g. using walkie-talkies), inform the media, and coordinate with EMS.

### *JCAHO Mock Survey*

In preparation for the 2005 JCAHO triennial survey and the new tracer methodology, SFGH is gearing up for its Mock Survey, scheduled from November 1 -5, 2004. Lawrence Marsco, JCAHO and Regulatory Affairs Manager, will be coordinating the schedule for those days. Three consultants are scheduled to participate; however, due to a scheduling conflict, one of the consultants will come one day earlier, starting the survey on October 29, 2004 which will focus on environment of care (EOC) and facilities areas. Areas covered during the mock survey include systems tracers for medication management, infection control, and EOC; leadership standards, medical staff/credentialing, and competence assessment. The Quality Management department has already begun internal 'mock tracers' on Tuesdays and Fridays in patient care areas – Gene O'Connell and Lawrence recently visited acute psychiatry and asked questions of the interdisciplinary team about the services received by a particular patient. Facts, FAQs, and readiness cards will be distributed to staff that attend the San Francisco General Hospital Foundation's annual barbecue on October 14.

### SOARIAN Delay

Siemens is experiencing a delay in implementing the SOARIAN module, which contains CPOE (Computerized Provider Order Entry). The State through SB 1875 mandates that hospitals have a computerized system for entering physician orders by 2005 as a means of reducing medication errors. Siemens anticipates the revised projected date for general release of this module to be April 2005. The IS steering committee will be discussing what to do with currently used systems that will expire soon given the delay.

### Staff News:

John Kanaley will be taking a new position as Executive Administrator of Laguna Honda Hospital effective November 1, 2004. John has been a critical member of the SFGH Executive Team, responsible not only for Support Services but also chair of the Administrative Operations team and the Facilities Advisory Board. In addition, John has been essential in SFGH's efforts to rebuild the hospital and construct a helipad. His contributions to SFGH will be greatly missed.

Kathy Jung has been named interim administrator for Support Services. Kathy has served SFGH in a variety of administrative and operational capacities for seven years and has been John's 'right-hand person' this past year. Kathy has 25 years of experience working in health care administration and public health programs, ten of those with DPH.

Pat Skala, IS manager, has joined the Executive Committee to represent Information Systems, replacing Sharon Calcagno who retired last month. Pat has worked in Information Systems for the past 8.5 years supporting systems at LHH, the San Francisco Behavioral Health Center, Jail Health, and Health at Home and continues to sit on the Laguna Honda Hospital Executive Committee.

Kathy Murphy, Deputy City Attorney, has gained responsibility for the Compliance Office with the departure of Dennis Scott. Yvonne Lowe has been designated the CHN Compliance Officer.

### Events:

The San Francisco General Hospital Foundation will be displaying its Hearts of San Francisco from November 6-8 from 9 a.m. to 3 p.m. at SBC Park's Parking Lot A. The entrance fee is \$10 (free for DPH employees with ID badges), the proceeds going to SFGH. A live auction of 22 hearts will be held on November 11 at SBC Park and an on-line auction will be held from November 4-14 – see [www.heartsinsf.com](http://www.heartsinsf.com).

Also sponsored by SFGH Foundation, the 1001 Club Annual Barbeque will be held on October 14 in the front lawn of SFGH from 11 a.m. to 2 p.m.

The 24<sup>th</sup> Annual SFGH Employee Recognition Banquet will be held in the Main Dining Room on November 5 from 5:30-9:30 p.m. The banquet is being put together by CHEARS (Campus Hospital Employees' Activities and Resources Committee).

### Commissioners' Comments

- Commissioner Umekubo asked if employees are aware when testing of the emergency power system will take place. Ms. O'Connell said that employees are aware but do not expect anything to go wrong. Commissioner Umekubo asked for an update when the assessment is complete. He asked if IS data is protected during a power outage. Ms. Skala replied that during an outage the



IS system is down, but there is no loss of data. Commissioner Umekubo asked why Siemens is delayed with the SOARIAN project. Ms. Skala said the product is a web-based, Microsoft product. Microsoft undertook a major retooling of Explorer, which caused Siemens to have to do some redesign. In addition, the Siemens product is being Beta tested and Siemens wants to take the time to incorporate feedback from the data sites into the product.

#### 4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

##### 1. RN VACANCY RATE – OCTOBER

The SFGHMC overall RN vacancy rate for the reported areas is 9.7 %.

| <i>SFGH AREA</i>                                            | <i>RN VACANCY RATE</i> | <i>NO. VACANT FTE</i> | <i>TRAINING PROGRAMS IN PROGRESS</i>                                                   |
|-------------------------------------------------------------|------------------------|-----------------------|----------------------------------------------------------------------------------------|
| <i>Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)</i> | <i>5.3%</i>            | <i>8.5</i>            | <i>5 new hires in processing to start end of October; interviews continue for Nov.</i> |
| <i>Critical Care</i>                                        | <i>15.03%</i>          | <i>15.9</i>           | <i>Interviews in process for Oct TP</i>                                                |
| <i>Perinatal</i>                                            | <i>4.69%</i>           | <i>3.0</i>            | <i>Interviews in process</i>                                                           |
| <i>Perioperative</i>                                        | <i>7.8%</i>            | <i>3.7</i>            | <i>Interviews in process.</i>                                                          |
| <i>Emergency</i>                                            | <i>18.19%</i>          | <i>12.9</i>           | <i>5 new hires to start Oct. TP; interviews in process for Jan. TP.</i>                |
| <i>Psychiatry</i>                                           | <i>5.44%</i>           | <i>5.7</i>            | <i>Interviews in process.</i>                                                          |

The California Institute for Nursing and Health Care (CINHC) conducted a survey of 44 bay area acute care hospitals. The survey results showed:

- Vacancy rates ranged from 1.5% to 22%, with the average at 10%
- 48% of hospitals responding engage in foreign nurse recruitment, at an average cost of \$18,769/recruit
- Mean annual hospital expenditures to address immediate RN shortages:
  - Overtime \$24 million
  - Local Registry \$ 2.1
  - Travelers \$ 3.9
  - Hiring Bonuses \$37,000/new hire
  - Referral Bonuses \$13,000/referral



## 2. COMPLIANCE WITH RATIO STAFFING REQUIREMENTS, 9/1/04 – 9/31/04

|                                                   | Critical<br>Care | PACU | Medical<br>Surgical | Pedi-<br>atrics | Peri-<br>natal | Psych-<br>iatry | ED |
|---------------------------------------------------|------------------|------|---------------------|-----------------|----------------|-----------------|----|
| Area unable to meet<br>minimum ratios             |                  |      |                     |                 |                |                 |    |
| Area unable to cover breaks                       |                  |      | 3                   |                 |                | 8               |    |
| Surgeries postponed related<br>to ratios          |                  |      |                     |                 |                |                 |    |
| Admissions held related to<br>ratios              |                  |      |                     |                 |                |                 |    |
| Beds closed / ED zone<br>closed related to ratios |                  |      |                     |                 |                |                 |    |
| ED diversion related to<br>ratios                 |                  |      |                     |                 |                |                 |    |

Commencing January 1, 2005, the licensed nurse to patient ratio in medical/surgical units will change from the current legislated ratio of 1 nurse to 6 patients, to 1 to 5. This ratio is mandated to be the maximum number of patients per nurse.

The legislation also mandates that staff in excess of the prescribed ratios be assigned in accordance with individual patient needs for nursing care: specialized equipment/technology, complex clinical judgment, severity of illness, the inability for self care and the level of licensure required to deliver the care. Individual patient needs are assessed each shift using a valid instrument called the Patient Classification System. Staffing needs are projected for the next shift using the instrument. The SFGH Patient Classification System currently is in compliance with the 1:5 ratio requirements for medical/surgical areas. Additional adjustments to staffing allocated to the night shift will need to be made improve ratio compliance for break coverage.

## 3. RECRUITMENT AND RETENTION

Preliminary work has begun on the Gordon & Betty Moore RN Internship Program. Leslie Holpit RN will function as the Project Director. Initial work involves establishment of the project's Advisory Committee. Members will include SFGH Recruitment and Retention Committee participants and faculty from City College, SFSU and UCSF School of Nursing. Additionally, work has begun on the preceptor and mentor curriculum and finalization of all project outcome measurements.

### *THE GORDON & BETTY MOORE RN INTERNSHIP PROGRAM AT SFGH*

#### Project Description

The proposed Gordon & Betty Moore RN Internship Program at San Francisco General Hospital Medical Center (SFGHMC) will hire US-educated Associate Degree in Nursing (ADN) and

foreign-trained Bachelors of Science in Nursing (BSN) new and recent graduates into a 6-month RN Internship Program that provides extended training in specialty skills. These specialty areas - include: medical-surgical; emergency; critical care; perioperative; labor & delivery; newborn nursery; and psychiatric training. It is an intensive competency based program that will combine specialty-focused theory with clinical preceptorship and mentorship components. Formalized preceptor training to experienced RNs who are committed to enhancing their teaching skills will be integral to the program, as will developing mentorship skills for current RN staff.

SFGHMC Nursing Services currently trains newly graduated Registered Nurses (RNs) in all nursing specialty areas. The internship program being proposed to the Gordon and Betty Moore Foundation will build on existing training programs already in place at SFGHMC for new Associates Degree (ADN) graduate RNs and other RNs with less than 2 years of experience by:

- Increasing their classroom hours
- Increasing the clinical precepted time
- Increasing the quality and quantity of mentoring.

Participating interns will thus be guided by a preceptor, a clinical expert RN who will receive formalized preceptor training to teach scientific based nursing and medical theory, and a specially trained mentor who is also an experienced RN who will provide coaching and support to these new interns.

The numbers served will be as follows:

- 115 current staff will be trained as preceptors
- 50 current staff will be trained as mentors
- 50 newly graduated RNs (from 2-year ADN programs) will be hired into the program as interns
- 45 current staff RNs (either with ADN degrees from US colleges or with BSN nursing degrees from other countries) with less than 2 years of experience will join the program as interns.

The proposed SFGHMC RN Internship Program will improve the quality of nursing related outcomes at SFGHMC by:

- Improving the depth and quality of the clinical experience for new graduate RNs, thereby improving the level of clinical competency at 1 year of practice
- Decreasing the stress of transition into new RN roles, thus improving new RNs' level of satisfaction with nursing as a profession and with her/his level of confidence
- Improving the retention rate of new RNs at 1 year of employment
- Increasing diversity among RNs who are trained and committed to working with the SFGHMC patient population
- Increasing the number of SFGHMC RNs who complete baccalaureate education

In additions to mentors, preceptors and interns completing the program the RN Internship Program deliverables include:

- Complete curriculum for preceptor and mentor courses
- Improvement of organizational, staff and patient outcomes:
  1. Turnover, vacancy
  2. Competency, satisfaction, completion of BSN degree
  3. Cal NOC outcomes (falls, pressure ulcers, restraint usage), satisfaction with pain management, patient education and overall nursing care, length of stay, medication errors, failure to rescue



- Recruitment efforts this month included the NurseWeek Career Fair held in San Mateo on September 23. This is the best advertised and attended nursing specific career fair in the Bay Area. Attendance was slightly down from previous fairs. Several strong potential candidates are currently being interviewed and recruited.
- Nursing leadership has begun discussions with UCSF School of Nursing and JFK University to develop a B.A./M.S. program for RNs with associate degrees who wish to pursue a master's degree in nursing specializing in administration or clinical work. The program will be customized for the working RN and may offer onsite classes at SFGH or UCSF.
- Isabel McCoy, RN 5A was awarded the DAISY Award on October 4. Isabel was noted for her compassion, dedication and professionalism. The awards ceremony on 5A recognized all the 5A staff for the contributions they make to the lives of the SFGH

#### 4. SFGH BED REQUEST TRACKING SYSTEM

The SFGH Bed Tracking System was launched on September 29, 2004. The system was developed in order to analyze patient flow by tracking the time the patient moves through the process of admission and are physically admitted into an inpatient bed. The types of beds that are requested and utilized allow staff to identify high volume usage areas and inefficiencies for analysis of future needs.

The system is being piloted in the Emergency Department, Critical Care, Operating Room/Recovery Room, Unit 4B and Bed Control. It uses text paging to minimize numerous telephone calls, miscommunications and errors from the old system. The goal is to streamline the process throughout the hospital.

Charge Nurses in the pilot units can request beds for transfer & admission and track the progress of the request on-line. The staff has a "real time" snapshot of patients awaiting admission or transfer. This allows the AOD and Bed Control to access data on the entire process.

All staff should be commended for making the implementation of this system positive. Special recognition goes to Jay Kloo for providing key leadership and coordination, along with Kjeld Molvig, Tina Lee, Suzanne Rosales, Jerry Forquell and Carmel Gallagher.

#### 5. DOCUMENTATION SYSTEM & INTERDISCIPLINARY PLAN OF CARE (IPOC) PROJECT

The development of a revised Interdisciplinary Plan of Care (IPOC) and nursing documentation system was spearheaded by Nora Brennan, CNS and Kathleen MacKerrow, CNS over the last eight months. The focus of the project was to simplify the process for the interdisciplinary healthcare team involved in patient care to communicate vital information in a written format. The documentation system has already been implemented in the acute psychiatric and critical care areas.

The revised plan was introduced October 5, 2004 to the Medical/Surgical and Pediatric Units. Training for 270 licensed nurses will continue for three weeks. The documentation system includes the following forms:

- Interdisciplinary Plan of Care (IPOC)
- Admission Database
- Standard Care Plan and nursing documentation



These changes are designed to streamline the documentation process, demonstrating identification for patient care planning by eliminating duplication of information.

## 6. 8<sup>TH</sup> OR OPENING

From September 16<sup>th</sup> through September 30, 2004, the Orthopedic Surgery Service completed 55 additional cases utilizing the new Operating Room 8. Compared to the same period of time in 2003, the number of new cases represents a 49% increase in 2004. Going forward, staff anticipates a continued increase in utilization. The Orthopedic Surgery Service will continue to monitor and trend utilization.

## 7. ACS TRAUMA SURVEY UPDATE

Status report: American College Surgeon Committee on Trauma (ACSCOT) Level I Reverification Criteria Deficiencies

1. Lack of board certification for one neurosurgeon:
  - Dr. Grant Gauger is currently Chief of Neurosurgery at SFGH. One neurosurgeon was temporarily removed from the Trauma Panel until he is board certified.
2. Lack of American board certification for two orthopaedic surgeons:
  - The two surgeons are no longer members of the Trauma Panel as of July 2004.
3. Lack of documentation on the trauma flow sheet and chart in general:
  - A multidisciplinary taskforce was created in May 2004 and a comprehensive plan was developed. Several operational and administrative changes were made to facilitate complete and timely documentation. Monitoring has shown notable improvement in the documentation of the management of injured patients.
4. Complexity of the Trauma Activation Criteria and Response:
  - The Trauma Medical Director and Program Manager are in the process of revising the levels and personnel response to the trauma activations. The revised activation policy is recognized as a PI issue and will be processed accordingly.
5. Trauma Flow Sheet is poorly organized and difficult to follow:
  - A new ED trauma flow sheet was implemented on September 29<sup>th</sup>. Compliance with the revised documentation policy will be monitored through a comprehensive PI process.
6. Under and over triage data is not collected.
  - This is a Trauma System, not Trauma Center, criterion deficiency. The exact over and under triage rate cannot be determined at this time. The SF EMSA is in the process of developing a local emergency medical services database. The SFGH Trauma Program Manager and the EMSA Trauma Coordinator will approximate the over triage rate with the available pre-hospital data. This methodology will be outlined to the ACSCOT in the focused visit report.

A request has been forwarded to the ACSCOT to schedule the focused audit during the second week in March 2005.

## Commissioners' Comments

- Commissioner Umekubo asked how SFGH is positioned in terms of nursing recruitment. Ms. Currin replied that per diem rates at SFGH are low compared with other hospitals, as is the pay.

5) **REVIEW OF MEDICAL STAFF BYLAWS**

Valerie Ng, M.D., Chief of Staff, presented the proposed bylaws amendments (Attachment A).

**Commissioners' Comments**

- Commissioner Umekubo asked if there is concurrent review of all databases to see if physicians are on an exclusion list or have been the subject of any medical board action. Mr. Tokubo said the hospital is always aware if someone is on the exclusion list. Ms. Murphy added that the bylaw change ties the possession of a UPIN into the credentialing process.

**Action Taken:** The Committee approved the proposed amendments to the SFGH Medical Staff Bylaws.

6) **PUBLIC COMMENT**

None.

7) **CLOSED SESSION:**

- A) **Public comments on all matters pertaining to the closed session**
- B) **Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)**

**Action Taken:** The Committee voted to hold a closed session.

The Committee went into closed session at 4:30 p.m. Present in the closed session were Commissioner Umekubo, Anne Chang, Executive Assistant/Operations Manager, Sue Currin, R.N., Chief Nursing Officer, Myra Garcia, CPCS, CMSC, MSSD Analyst, Kathy Jung, interim administrator for Support Services, John Luce, M.D., Chair, PIPS, Alison Moed, R.N., Director, Risk Management, Kathy Murphy, Deputy City Attorney, Valerie Ng, M.D., Chief of Staff, Roland Pickens, Associate Administrator, Pat Skala, IS Manager, Hiro Tokubo, Director, Quality Management and Michele Olson, Health Commission Executive Secretary.

- C) **Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1**

**ACTION ITEM:** **APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 14, 2004**

**Action Taken:** The Committee approved the September 14, 2004 closed session minutes.

**FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**  
Valerie Ng, M.D., Chief of Staff

Action Taken: The Committee approved the reappointments of Service Chiefs as follows: Toby Maurer, M.D., Service Chief, Dermatology; Alan Gelb, M.D., Service Chief, Emergency Medicine; Stuart Seiff, M.D., Service Chief, Ophthalmology; and Philip Darney, M.D., Service Chief, OB/GYN.

FOR ACTION:            CONSIDERATION OF CREDENTIALING MATTERS  
Valerie Ng, M.D., Chief of Staff

Action Taken: The Committee approved the October Credentials Report.

FOR DISCUSSION:    CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

The Committee reconvened in open session at 5:00 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

8) ADJOURNMENT

The meeting was adjourned at 5 p.m.



Michele M. Olson  
Executive Secretary to the Health Commission

Attachments: (1)

These minutes will be approved at the next SFGH Joint Conference Committee.

\*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.



**PROPOSED BYLAWS AMENDMENTS**  
September 2004

|    | CURRENT WORDING                                                                                                                                                                                       | AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RATIONALE                                                                                                                                                                                                                                                                                                       |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| #1 | No Current Section                                                                                                                                                                                    | <p>New Section 2.2.5.<br/><i>Participation in Medicare, Medicaid and Other Federal Health Care Programs</i></p> <p>A. <i>A practitioner who is on the Office of Inspector General (OIG) Exclusion List in not eligible for membership.</i></p> <p>B. <i>A Practitioner must possess a Unique Provider Identification Number (UPIN) or must have submitted an application for a UPIN in order to be considered for appointment or reappointment to the Medical Staff.</i></p> | <p>A. An excluded provider is prohibited from billing any federal program. Due to the close linkage between our clinical and billing systems, it would be nearly impossible to preclude bills from being generated for a single provider.</p> <p>B. A UPIN is needed in order to bill the Medicare Program.</p> |
| #2 | <p>Section 4.8.2.A.<br/>The work of each Affiliated Professional shall be under the oversight of a physician Medical Staff member who shall assume overall responsibility for the patient's care.</p> | <p>Amended Section 4.8.2.A.<br/>The work of each Affiliated Professional shall be <i>conducted with oversight</i> of a physician Medical Staff member.</p>                                                                                                                                                                                                                                                                                                                   | <p>The amendment more accurately reflects how the work of the Affiliated Professionals is overseen by the supervising physician.</p>                                                                                                                                                                            |

Attachment A.1

Attachment A,

|    |                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                       |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| #3 | No Current Section                                                                                                                                                                                                                                                                         | <i>Amended Section 4.8.3. 4.8.3.B. A Practitioner who is on the Office of Inspector General (OIG) Exclusion List is not eligible for appointment as an Affiliated Professional. 4.8.3.C. A Practitioner must possess a Unique Provider Identification Number (UPIIN) or must have submitted an application for a UPIIN in order to be considered for appointment or reappointment as an Affiliated Professional (excepting Nurse Practitioners hired prior to July 1, 2004 who do not possess a Masters in Nursing degree).</i> | A. An excluded provider is prohibited from billing any federal program. Due to the close linkage between our clinical and billing systems, it would be nearly impossible to preclude bills from being generated for a single provider.<br>B. A UPIIN is needed in order to bill the Medicare Program. |
| #4 | Section 4.8.3.B. The MSSD shall forward the completed application to the Interdisciplinary Practice Subcommittee of the Credentials Committee. The Interdisciplinary Practice Subcommittee shall review the application and shall forward the recommendation of the Credentials Committee. | <i>Amended Section 4.8.3.D. The MSSD shall forward the completed application to the Chair or Co-Chair of the Interdisciplinary Practice Subcommittee of the Credentials Committee. The Interdisciplinary Practice Subcommittee shall review the application and shall forward the application together with its recommendation of the Credentials Committee.</i>                                                                                                                                                                | The amendment more accurately reflects the process for review and approval of the Affiliated Professionals.                                                                                                                                                                                           |
| #5 | Section 4.8.3.G. An Affiliated Professional who has been hired and who has submitted an application as set forth below may perform functions at the Hospital on a temporary basis while the Medical Staff is considering the completed application.                                        | <i>Amended Section 4.8.3.G. An Affiliated Professional who has been hired and who has submitted an application as set forth below may perform functions at the Hospital on a temporary basis while the Medical Staff is considering the completed application. However, services that require a standardized procedure may not be performed until the applicant's credentials and a standardized procedure have been approved by the Medical Staff.</i>                                                                         | The amendment reflects current practice.                                                                                                                                                                                                                                                              |
| #6 | New Section                                                                                                                                                                                                                                                                                | <i>New Section 6.15. Whenever a member is excluded from participation in the Medicare, Medicaid, or other</i>                                                                                                                                                                                                                                                                                                                                                                                                                   | Due to the complexities of the reimbursement requirements for Medicare, Medicaid and other Federal Health Care Programs, it is critical that                                                                                                                                                          |

|    |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                                                                                                                                                                                                                                                      | <i>Federal Health Care programs, the member's Medical Staff membership and Privileges shall be automatically suspended as of the date such action becomes effective.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SFCH not be placed in a situation that could open itself to fraud and abuse investigations by the OIG.                                                                                                                                                                              |
| #7 | Section 7.2. (Last paragraph of section) Removal from a position as Chief of a Clinical Service or as an Officer of the Medical Staff, or termination from the Medical Staff following two (2) years of inactive status, shall not constitute grounds for a hearing. | <i>Amended Section 7.2.</i><br>Removal from a position as Chief of a Clinical Service or as an Officer of the Medical Staff, or termination from the Medical Staff following two (2) years of inactive status, or termination from the Medical Staff following a resignation or lay off from employment with the University or the City and County of San Francisco shall not constitute grounds for a hearing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | This amendment clarifies that termination from the medical staff as a result of an employment decision does not trigger the due process rights set forth in the Bylaws (such a termination is not reported to the California Medical Board because it is an administrative manner). |
| #8 | Section 10.16 Performance Improvement and Patient Safety                                                                                                                                                                                                             | Section 10.16.K added:<br><i>K. Community Primary Care Subcommittee</i><br><i>1. Composition</i><br>The Community Primary Care Subcommittee shall be chaired by the CPC Chief of Service/Medical Director of Primary Care and the Director of Primary Care Nursing. The CPC Chief of Service may elect to designate one of the CPC Medical Directors as Co-Chair of the subcommittee. The subcommittee shall consist of at least two Health Center medical directors, two staff physicians, two nurse practitioners/physician assistants, two Health Center nurse managers and/or staff nurses, and one Health Center Director. The various CPC Health Centers and the SFGH Primary Care Health Centers shall be represented on the Committee.<br><i>2. Duties</i><br>This subcommittee shall monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to | The reorganization of Community Primary Care necessitated this change.                                                                                                                                                                                                              |

Attachment A. 3



|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  |  | <p>improve patient care, and resolve identified problems through the following:</p> <ol style="list-style-type: none"> <li>The identification and assessment of problems in the delivery of patient care;</li> <li>The development and implementation of plans designed to identify opportunities for improvement in patient care;</li> <li>The creation and implementation of standardized monitoring systems that regularly evaluates indicators of clinical performance;</li> <li>The maintenance of a database that documents the effectiveness of the aforementioned clinical performance indicators;</li> <li>The use of relevant findings for quality reviews to appraise the effectiveness of medical care provided; and</li> <li>Efficiency in the delivery of service (to minimize morbidity and mortality as well as to avoid unnecessary delays in care)</li> </ol> <p>3. Meetings</p> <p>This Subcommittee shall meet monthly at least nine (9) times a year and shall maintain permanent records of its proceedings and activities.</p> |  |
|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|     | RULES AND REGULATIONS                                                                          | RULES AND REGULATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RULES AND REGULATIONS                                                                                                                                                                                                                                                                                        |
|-----|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| #9  | Current Table of Contents is renumbered starting with Section 2 which is renumbered Section 3: | Amended Table of Contents starting with Section 3:<br><br><ol style="list-style-type: none"> <li>3. Consent</li> <li>4. Consultations/Communications</li> <li>5. Clinical Service Rules and Regulations</li> <li>6. Restraint and Seclusion Policy</li> <li>7. Guidelines for Sedation by a Non-Anesthesiologist.</li> <li>8. Outpatient Medical Screening/ENTALA</li> <li>9. Discharge and Transfer of Patients</li> <li>10. Medical Records</li> <li>11. Production of Patient Privacy</li> <li>12. House Staff</li> <li>13. General</li> <li>14. Adoption and Amendment</li> </ol>                                      | Sections starting with the current Section 2 are renumbered and are re-arranged into a more logical order and a section on patient privacy is added consistent with HIPAA and the DPH/SFGH Privacy Policies.                                                                                                 |
| #10 | New Section 2. Medical History and Physical Examinations                                       | Section 2. Medical Histories and Physical Examinations<br><br><p>The minimal elements of a medical history and physical examination for all inpatient admissions shall be:</p> <ol style="list-style-type: none"> <li>1. Chief complaint/reason for admission</li> <li>2. History of present illness</li> <li>3. Past medical history/surgical history</li> <li>4. Current medications</li> <li>5. Allergies/adverse drug reactions</li> <li>6. Review of systems (as pertinent)</li> <li>7. Physical examination (as pertinent)</li> <li>8. Diagnostics (if relevant)</li> <li>9. Assessment</li> <li>10. Plan</li> </ol> | Section 2 is added to comply with the new requirement of the JCAHO standard, MS.2.10; Element of Performance 6, that states "The organized medical staff specifies the minimal content of medical histories and physical examinations, which may vary by setting or level of care, treatment, and services." |

Attachment A.5

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>#11</b></p> <p>Section 5.1.1. (First sentence only)<br/>All operations shall be fully described by the operating physician or oral surgeon and operative reports shall be dictated or written immediately following completion of surgery.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>Amended Section 5.1.1. (First sentence only)<br/>All operations shall be fully described by the operating physician or oral surgeon and operative reports shall be dictated or written <i>within 24 hours</i> following completion of surgery.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Amended section would comply with acceptable time for completing operative reports.</p>                                                                                                              |
| <p><b>#12</b></p> <p>Section 7.<br/>A. A medical screening exam shall be provided to all persons who present with an urgent or emergent condition and request services, regardless of that person's ability to pay. The medical screening exam must be appropriate to the medical complaints and sufficient to determine whether the person has an emergency condition.<br/>B. The medical screening exam must be performed by a physician or other qualified medical personnel as designated by the clinical service in their clinical service rules and regulations or policies and procedures. However, such qualified medical personnel shall include only the following categories of persons when acting in their usual and customary settings and within the scope of their training and protocols; clinical psychologists, dentists, podiatrist, certified nurse midwives, nurse practitioners, registered nurses, and physician assistants.</p> | <p>Amended Section 7:<br/><i>A. An appropriate medical screening examination shall be provided to all persons who present themselves to the Hospital Emergency Department and who request, or have a request made on their behalf, for an examination or treatment of a medical condition. In such an event, the Hospital shall not seek authorization from an individual's insurance company until a medical screening examination has been provided and any necessary stabilizing treatment has been initiated. The patient will not be transferred to another facility unless the patient's condition is stabilized or it is in the patient's best interest to be transferred due to the hospital's inability to provide the needed services or level of care.</i><br/><i>B. An appropriate medical screening examination shall be provided to persons, including visitors, who present themselves at an area of the Hospital's main campus other than the Emergency Department if they request, or have a request made on their behalf, for examination or treatment for what may be an emergency medical condition. Where there is no verbal request, a request will nevertheless be considered to</i></p> | <p>The amended Section 7 complies with the new requirements of the Emergency Medical Treatment and Labor Act (EMTALA) and is consistent with the recent changes made to the hospital EMTALA Policy.</p> |



|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                              |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
|     | <p>C. If the patient has an emergency medical condition, or if a pregnant woman presents in labor, the hospital will treat or stabilize the patient. The patient will not be transferred to another facility unless the patient's condition is stabilized or it is in the patient's best interest to be transferred due to the hospital's inability to provide the needed services or level of care.</p>                                                                                                                                                                                    | <p>exist if a prudent layperson observer would conclude, based on the person's appearance or behavior, that the person needs emergency examination or treatment.</p> <p>C. The medical screening exam must be performed by a physician or other qualified medical personnel as designated by the clinical service.</p> <p>D. In the event that a request is made for emergency care in a Hospital department off the Hospital's main campus, such as a Community Primary Care Services Clinic, EMTALA does not apply. The clinic shall provide whatever assistance is within its capability and shall call the local emergency medical service to take the individual to an emergency department</p> |                                                                                                                              |
| #13 | <p>Section 11.L.</p> <p>Failure to complete records within fourteen (14) days after discharge may result in suspension of Privileges for the Attending physician, clinical psychologist, dentist, podiatrist or responsible House Officer.</p> <p>Certification of completion of postgraduate training may be withheld at the judgment of the Chief of the Clinical Service for those House Officer who have not completed medical records. Certification of membership in good standing on the Medical Staff may likewise be withheld for all members with incomplete medical records.</p> | <p><i>Amended Section 10.L.</i></p> <p><i>The Chief of Staff or the relevant Chief of Service may suspend the Privileges of an Attending physician, clinical psychologist, dentist, or podiatrist for failure to complete records within fourteen (14) days after discharge. For the responsible House Officer, certification of completion of postgraduate training may be withheld at the judgment of the Chief of the Clinical Service for those House Officer who have not completed medical records. (The rest of the current section is deleted.)</i></p>                                                                                                                                      | <p>This is a standard Bylaws provision and is intended to prompt the timely completion of medical records documentation.</p> |

| #14 | No Current Section | Amended Section 11. Protection of Patient Privacy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | This section is consistent with HIPAA and the DPH/SGH Privacy Policies. |
|-----|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
|     |                    | <p>A. Members of the Medical Staff shall comply with the DPH Notice of Privacy Practices, the Hospital policies and procedures regarding patient privacy and the Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA).</p> <p>B. Members of the Medical Staff shall abide by the following:</p> <ol style="list-style-type: none"><li>1. Protected health information shall only be accessed, discussed or divulged as required for the performance of job duties;</li><li>2. User IDs and/or passwords shall only be disclosed to Hospital Information Systems staff;</li><li>3. Members shall not log into Hospital information systems or authenticate entries with the user ID or password of another; and</li><li>4. Members shall only install software on Hospital computers that have been appropriately licensed and authorized by Hospital Information Systems staff.</li></ol> <p>C. Members agree that violation of this section regarding Protection of Patient Privacy may result in corrective action as set forth in Articles VI and VII of these Bylaws.</p> |                                                                         |

Edward A. Chow, M.D.  
President

Lee Ann Monfredini  
Vice President

Roma P. Guy, M.S.W.  
Commissioner

James M. Illig  
Commissioner

David J. Sánchez, Jr., Ph.D.  
Commissioner

John I. Umekubo, M.D.  
Commissioner

**HEALTH COMMISSION**  
**CITY AND COUNTY OF SAN FRANCISCO**  
**Gavin C. Newsom, Mayor**  
**Department of Public Health**



Mitchell H. Katz, M.D.  
Director of Health

Michele M. Olson  
Executive Secretary

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FAX (415) 554-2665

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*Agenda  
cancelled*

**RESCHEDULE NOTICE**

**FOR**

10-06-2004

**SAN FRANCISCO GENERAL HOSPITAL**  
**JOINT CONFERENCE COMMITTEE MEETING**

The San Francisco General Hospital Joint Conference Committee meeting scheduled for Tuesday, November 9, 2004 has been rescheduled.

The meeting will be held Wednesday, November 10, 2004 from 3:45 p.m. to 5:30 p.m. at San Francisco General Hospital, 1001 Potrero, Conference Room 2A6.

An agenda will follow.

For information please call the Commission Office at 554-2666.

(Posted October 6, 2004)





Edward A. Chow, M.D.  
President

Lee Ann Monfredini  
Vice President

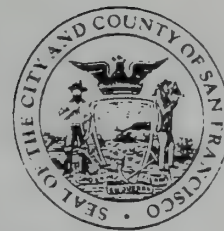
Roma P. Guy, M.S.W.  
Commissioner

James M. Illig  
Commissioner

David J. Sánchez, Jr., Ph.D.  
Commissioner

John I. Umekubo, M.D.  
Commissioner

**HEALTH COMMISSION**  
**CITY AND COUNTY OF SAN FRANCISCO**  
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**≡ AGENDA**

**≡ JOINT CONFERENCE COMMITTEE  
FOR  
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING**

Wednesday, November 10, 2004+  
3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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**+PLEASE NOTE RESCHEDULED MEETING DATE**

Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

11-05-04 AT 11:01 AM

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE OCTOBER 12, 2004 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**  
*\*Minutes of the meeting of October 12, 2004*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**  
(Activities and operations of SFGHMC)  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**  
(Sue Currin, R.N., Chief Nursing Officer)  
*\*Report*
- 5) **FOR ACTION:** **APPROVAL OF AMENDMENTS TO THE GOVERNING BODY BYLAWS**  
(Kathy Murphy, Deputy City Attorney, CHN)  
*\*Bylaws*

6) PUBLIC COMMENT\*\*

7) CLOSED SESSION:

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM:            APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 12, 2004

FOR DISCUSSION    MEDICAL STAFF REPORT  
AND POSSIBLE       Valerie Ng, M.D., Chief of Staff  
ACTION:

FOR ACTION:            CONSIDERATION OF CREDENTIALING MATTERS  
Valerie Ng, M.D., Chief of Staff

FOR DISCUSSION:    CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

8) ADJOURNMENT

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.

\*\* Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.



### **Disability Access**

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23<sup>rd</sup> Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22<sup>nd</sup> Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

### **Public Transportation**

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: [Donna\\_Hall@ci.sf.ca.us](mailto:Donna_Hall@ci.sf.ca.us).

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:

**[www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html](http://www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html)**

Edward A. Chow, M.D.  
President

Lee Ann Monfredini  
Vice President

Roma P. Guy, M.S.W.  
Commissioner

James M. Illig  
Commissioner

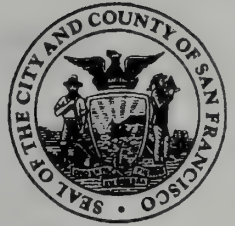
David J. Sánchez, Jr., Ph.D.  
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## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
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### MINUTES

#### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, November 10, 2004

3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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#### 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:50 p.m.

Present: Commissioner Lee Ann Monfredini

Absent: Commissioner John I. Umekubo, M.D.

Staff: Anne Chang, Sue Currin, Myra Garcia, Valerie Inouye, Kathy Jung, John Luce, M.D., Kathy Murphy, Valerie Ng, M.D., Gene O'Connell, Roland Pickens, Cathryn Thurow and Hiro Tokubo.

#### 2) APPROVAL OF THE MINUTES OF THE OCTOBER 12, 2004 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the October 12, 2004 San Francisco General Hospital Joint Conference Committee.

#### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell presented the Hospital Administrator's Report.



## Program Updates:

### JCAHO Mock Survey

SFGH spent six days (October 29 and November 1-5) preparing for their anticipated 2005 triennial accreditation by going through a Joint Commission on Accreditation of Healthcare Organization (JCAHO) 'mock' survey. Three consultants, all former JCAHO surveyors, conducted the survey using the new tracer methodology to assess the hospital's compliance to the recently revised JCAHO standards. Hiroshi Tokubo, Director for Quality Management, Lawrence Marsco, JCAHO/Regulatory Affairs Manager, members of the Executive Committee, and Quality Management staff worked closely with the consultants, escorting them as they traced the care and services of predetermined patients from the point of entry into the hospital (e.g. emergency department, clinic, SFBHC) to their inpatient unit. The 'open' medical record is reviewed thoroughly and is used as a vehicle for the interviews of the care givers and, at times, the patient, with a focus on JCAHO's National Patient Safety Goals, (described in Attachment A produced by Lawrence Marsco) and interdisciplinary care.

The first day of the survey was dedicated to the facility and the environment of care. There was a daily briefing each morning that highlighted the previous day's findings. The consultants/surveyors also conducted 'systems tracers' which looked at the system or process of medication management, infection control, and data utilization. The consultants also facilitated the Medical Staff, Privileging and Credentialing interview and a Competence Assessment interview. The Leadership interview, traditionally on the first or second day, was done on the last day to follow the Joint Commission's new survey process. The format would consist of the surveyors interviewing Executive Committee members, focusing on issues identified, and leadership's knowledge, involvement and communication on hospital systems and patient safety related to the identified issues or trends. Additional information could be requested by surveyors during the interview to support or refute a possible non-compliant standard. A summary of identified areas for improvement was presented at Management Forum and a strategic approach to ensure a successful 2005 survey will be the topic of discussion at the next Executive Committee and Medical Executive Committee meetings.

### SFGH Employees Recognized at the Employee Banquet

On November 5, SFGH held its 24<sup>th</sup> Annual Employee Recognition Banquet, honoring employees who have achieved ten to forty years of service to the hospital and those who have demonstrated outstanding achievement this year. Gene O'Connell received recognition for 20 years of service to the hospital, and Sharon McCole Wicher, Director of Behavioral Health Services, received the Executive Administrator's award for her leadership and recent work with Director of Health Mitch Katz on the MHRF Blue Ribbon Committee and obtaining a Mental Health Rehabilitation Center license for the San Francisco Behavioral Health Center. Teams recognized for outstanding achievement this year were the Emergency Room Admitting/Registration evening shift, Pediatric Asthma Clinic, and Emergency Department social services. The event was organized by staff involved in CHEARS (Campus Hospital Employees' Activities and Resources Committee).

### Family Health Center Selected for the CAPH/SNI Chronic Care Learning Community Initiative

The Family Health Center is one out of nine ambulatory care clinics in the state selected to participate in the California Chronic Care Learning Communities (CCLC) initiative sponsored by the California Association of Public Hospitals and Health Systems/Safety Net Institute (CAPH/SNI). Sites participate in learning sessions that provide chronic care and systems change tools to better manage chronic diseases in their patient population. Sites choose a project and disease focus and share their successes with other participants at the learning sessions. The Family Health Center will be focusing on improving management of diabetes mellitus through partnering with a community

health center and expanding upon their diabetes registry. Chinatown Public Health Center, Silver Avenue Family Health Center, and Potrero Hill Health Center were also selected to participate.

#### SFGH Reviewing CAPH/SNI Draft P&P for Language Access

SFGH has been chosen to be a Reviewer Hospital by CAPH/SNI to review its draft model policies and procedures for ensuring language access for Limited English Proficient (LEP) patients. Interviews will be conducted with senior managers, including Roland Pickens, Associate Administrator for Diagnostics and Medical Specialties; Valerie Ng, Chief of Medical Staff; Sue Currin, Chief Nursing Officer; Kathy Murphy, Deputy City Attorney, and Valerie Inouye, CHN CFO, as well as detailed discussions held with the Medical Executive Committee and the Executive Committee. The draft policies include defining acceptable providers for medical interpretation and acceptable vehicles for interpretation, requirements for written translation into 'threshold languages', as defined by the number of Medi-Cal eligibles, and 'frequently utilized languages' as determined by the governing body, priority procedures requiring interpretation, procedures for informing patients of their rights to an interpreter and the acquisition of an interpreter, designation of bilingual required positions, and adjustment of hospital equipment.

#### Status of Submitting Hospital Policies and Procedures for Governing Body Approval

Please see Attachment A.

#### **Events:**

On November 18, SFGH will participate in a statewide disaster exercise focusing on a mass outbreak of foodborne botulism as a result of a terrorist attack. This scenario will involve not just the Emergency Department but expanded roles for Support Services, Infection Control, Clinical Lab, and most inpatient and outpatient units. Lann Wilder, Emergency Response Planner, is coordinating the exercise with hospital staff and utilizing volunteers from the community to act as patients.

SFGH is participating in the City and County of San Francisco's Combined Charities Campaign, which ends this month. Information from the Volunteers to SFGH was distributed on how to donate to the organization through the Donor Choice Plan of the Campaign. Each year, the hospital uses over 1,000 volunteers across 75 departments, many of them serving the Emergency Department, clocking over 120,000 hours annually.

#### **4) PATIENT CARE SERVICES REPORT**

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report (Attachment B).

#### Commissioners' Comments

- Commissioner Monfredini said that the Governor's decision to delay the proposed changes to the nurse/patient ratio comes as good news to SFGH. But she hopes other hospitals do not take advantage of this to reduce the number of nurses at the bedside.

#### **5) APPROVAL OF AMENDMENTS TO THE GOVERNING BODY BYLAWS**

Kathy Murphy, Deputy City Attorney, presented the proposed amendments to the Governing Body Bylaws. Changes include enhancements to the role of the governing body, clarifications of current



practices and other minor changes. Ms. Murphy added that the new JCAHO standards do not require governing body bylaws, but they still serve as a useful document.

Action Taken: The Committee approved the proposed amendments to the Governing Body Bylaws.

**6) PUBLIC COMMENT**

None.

**7) CLOSED SESSION:**

**A) Public comments on all matters pertaining to the closed session**

None.

**B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)**

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:20 p.m. Present in the closed session were Commissioner Monfredini, Anne Chang, Executive Assistant/Operations Manager, Sue Currin, R.N., Chief Nursing Officer, Myra Garcia, CPCS, CMSC, MSSD Analyst, Kathy Jung, interim administrator for Support Services, John Luce, M.D., Chair, PIPS, Kathy Murphy, Deputy City Attorney, Valerie Ng, M.D., Chief of Staff, Roland Pickens, Associate Administrator, Cathryn Thurow, Dean's Office, Hiro Tokubo, Director, Quality Management and Michele Olson, Health Commission Executive Secretary.

**C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1**

**APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 12, 2004**

Action Taken: The Committee approved the October 12, 2004 closed session minutes.

**MEDICAL STAFF REPORT**

Valerie Ng, M.D., Chief of Staff

**CONSIDERATION OF CREDENTIALING MATTERS**

Valerie Ng, M.D., Chief of Staff

Action Taken: The Committee approved the November Credentials Report.

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**

John Luce, M.D., Medical Director SFGH-QM

Hiroshi Tokubo, CHN Director, QM



Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session


The Committee reconvened in open session at 5:10 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Committee voted not to disclose discussions held in closed session.

8) ADJOURNMENT

The meeting was adjourned at 5:10 p.m.

  
Michele M. Olson

Executive Secretary to the Health Commission

Attachments: (2)

These minutes will be approved at the next SFGH Joint Conference Committee.

\*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

**Annual Approval of SFGH Policies and Procedures**  
**Status As of November 10, 2004**

|                                                                 | Environment<br>of Care<br>Committee<br>(EOC) | Nursing<br>Executive<br>Committee<br>(NEC) | Medical<br>Executive<br>Committee<br>(MEC) | Hospital<br>Executive<br>Committee | JCC-SFGH                      | Health<br>Commission          |
|-----------------------------------------------------------------|----------------------------------------------|--------------------------------------------|--------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| Medical Staff Bylaws                                            | N/A                                          | N/A                                        | Approved<br>10/7/04                        | N/A                                | Approved<br>10/12/04          | Approved<br>10/26/04          |
| Hospital Plan for Provision of<br>Care                          | N/A                                          | Approved<br>11/8/04                        | Approved<br>11/4/04                        | To be<br>reviewed<br>11/16/04      | To be<br>approved<br>12/14/04 | To be<br>approved<br>12/21/04 |
| Performance Improvement<br>and Patient Safety Program<br>(PIPS) | N/A                                          | Approved<br>11/8/04                        | Approved<br>11/4/04                        | To be<br>reviewed<br>11/16/04      | To be<br>approved<br>12/14/04 | To be<br>approved<br>12/21/04 |
| Inpatient Utilization Review<br>Program                         | N/A                                          | Approved<br>11/8/04                        | Approved<br>11/4/04                        | To be<br>reviewed<br>11/16/04      | To be<br>approved<br>12/14/04 | To be<br>approved<br>12/21/04 |
| Employee Performance and<br>Competency Report                   | N/A                                          | N/A                                        | N/A<br>(PIPS<br>11/17/04)                  | To be<br>reviewed<br>12/7/04       | To be<br>approved<br>12/14/04 | To be<br>approved<br>12/21/04 |
| Environment of Care/Safety<br>Committee Annual Report           | 11/23/04                                     | N/A                                        | N/A<br>(PIPS<br>11/17/04)                  | To be<br>reviewed<br>12/7/04       | To be<br>approved<br>12/14/04 | To be<br>approved<br>12/21/04 |
|                                                                 |                                              |                                            |                                            |                                    |                               |                               |
| Governing Body Bylaws                                           | N/A                                          | N/A                                        | N/A                                        | N/A                                | To be<br>approved<br>11/10/04 | To be<br>approved<br>12/21/04 |

## PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, November 2004

Sue Currin, RN, MS, Chief Nursing Officer

San Francisco General Hospital

### 1. COMPLIANCE WITH RATIO STAFFING REQUIREMENTS:

By Number of Shifts, 10/01/04 TO 10/31/04

|                                                   | Critical<br>Care | PACU | Medical<br>Surgical | Pedi-<br>atrics | Peri-<br>natal | Psychiatry                       | ED |
|---------------------------------------------------|------------------|------|---------------------|-----------------|----------------|----------------------------------|----|
| Area unable to meet<br>minimum ratios             | 0                | 0    | 0                   | 0               | 0              | 10/31:<br>Multiple<br>sick calls | 0  |
| Area unable to cover<br>breaks                    | 0                | 0    | 0                   | 0               | 0              | 9                                | 0  |
| Surgeries postponed<br>related to ratios          | 0                | 0    | 0                   | 0               | 0              | 0                                | 0  |
| Admissions held<br>related to ratios              | 0                | 0    | 0                   | 0               | 0              | 0                                | 0  |
| Beds closed / ED zone<br>closed related to ratios | 0                | 0    | 0                   | 0               | 0              | 0                                | 0  |
| ED diversion related to<br>ratios                 | 0                | 0    | 0                   | 0               | 0              | 0                                | 0  |

The nursing leadership in Psychiatry is re-evaluating staffing coverage of the night shift and will make reassignments if appropriate. At this time break coverage has been isolated on several units due to sick calls and leaves.

The following is a summary of the recent developments with the staffing ratio regulations. SFGH is in compliance with the current 1:6 ratios for Med/Surg & Acute Psychiatry. In specialty areas (eg, ED, PES, L&D), the staffing requirements are based on the census and are projected using historical data. Fluctuations may result in short staffing during peak periods and overstaffing during decreased volumes.

Acute Psych, Med/Surg, PACU, Critical Care and NICU staffing levels are determined by the state mandated patient acuity formula and Hours Per Patient Day as defined in the MOU. Minimum staffing ratio requirements are met except during unusual increases in the census, or when sick calls/extended LOA's/Workers Comp cannot be backfilled by registry staff, per diem or management.



News Release  
CALIFORNIA DEPARTMENT OF HEALTH SERVICES  
NUMBER:  
04-70  
DATE:  
November 4, 2004

FOR IMMEDIATE RELEASE:

CONTACT: Ken August or Lea Brooks (916) 440- 7660

<http://www.dhs.ca.gov> <<http://www.dhs.ca.gov>>

STATE HEALTH DIRECTOR ANNOUNCES PROPOSED CHANGES TO NURSE-TO-PATIENT RATIO REGULATIONS

Citing a need to protect patients and California's fragile healthcare system, State Health Director Sandra Shewry today announced proposed changes to California's regulations limiting the number of hospital patients under a nurse's care.

"The Schwarzenegger Administration is committed to the fundamental principle embodied in California's first-in-the-nation hospital nurse-to-patient ratios--safe patient care," Shewry said. These changes provide commonsense flexibility for hospital emergency departments and clarify language in the current regulations."

On Jan. 1, California became the first state in the nation to set numerical limits in most areas of a hospital on the number of patients assigned to a nurse. The changes to the regulations are as follows:

- \* Maintain until January 2008 the current limit of no more than six patients assigned to any one nurse for medical/surgical and mixed units. Previously, the maximum number of patients per nurse in those units was scheduled to drop to five in January 2005. Now, that change is scheduled for 2008.
- \* Provide hospital emergency departments with temporary staffing flexibility to respond to an unforeseeable influx of patients with immediate needs. Hospitals will continue to be required to return to the specified staffing ratio as soon as possible. In addition, the documentation requirements for emergency departments will be simplified.
- \* Clarify the requirement that the regulations be met "at all times" to include whenever the nurse is on the unit and available for patient care. Currently, a strict interpretation of the regulations requires that all patient assignments be given to another nurse during restroom breaks or phone calls.

Although the full effect of the nurse-to-patient ratios is not yet known, the following developments have occurred since the law took effect:

- \* Eleven hospitals have identified nurse-to-patient staffing ratios as a cause for the closure of their respective hospital, emergency department or psychiatric unit.

\* Four hospitals have petitioned the California Department of Health Services (CDHS) to suspend the use of available beds because of the inability to provide enough nurses to care for the patients.

\* The shortage of nurses has worsened in other health facilities besides hospitals. Skilled nursing facilities, home health agencies and other healthcare facilities are reporting difficulties in filling nursing positions. California consistently ranks 49th - 50th nationwide in the number of registered nurses per capita, with 30 percent fewer nurses than the national average. The Federal Health Resources and Services Agency (HRSA) has projected by 2010 that California will need more than 42,000 additional nurses to meet the demand.

CDHS will begin a two-year study of the effect of the nurse-to-patient ratios next year.

"Because we do not yet understand the impact of these groundbreaking ratios on the state's fragile healthcare delivery system, we must move forward cautiously," Shewry said. "Maintaining the current staffing ratios until 2008 for the medical/surgical and mixed units of a hospital will allow time to complete our study and evaluate the ratios."

The changes to the law are in emergency regulations filed today by CDHS with the state Office of Administrative Law (OAL). OAL has 10 days to reject or accept the regulations and file them with the Secretary of State, at which time the regulations become law. A notice of public hearing and comment will be published approximately three weeks after the regulations are approved.

## **2. RN VACANCY RATE – NOVEMBER, 2004**

The overall RN vacancy rate for areas reported is 9.1 %.

| AREA                                                 | RN VACANCY RATE | NO. VACANT FTE | TRAINING PROGRAMS                                                                                                                                                                                                                                     |
|------------------------------------------------------|-----------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit) | 5.1%            | 8.20           | 15 RN hires from Spring joined 17 RN hires from July in Summer TP - all completed TP in Sept; 9 new RN hires from Sept/Oct will complete TP in Dec; 5 RN new hires starting Nov TP; interviews ongoing for Dec/Jan/start dates as well as for Feb TP. |
| Critical Care                                        | 15.0%           | 15.9           | 6 RNs in TP completing Dec.; 1                                                                                                                                                                                                                        |

|                                              |       |      |                                                                                                                                                                           |
|----------------------------------------------|-------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                              |       |      | new hire for Nov; interviews ongoing for Nov/Dec/Jan start dates as well as for Feb TP.                                                                                   |
| Perinatal                                    | 6.1%  | 3.9  | Interviews continue for Nov/Dec/Jan start dates well as for Feb TPs.                                                                                                      |
| Perioperative (includes OR/PACU/Surgicenter) | 7.8%  | 3.7  | 2 RNs in TP; 1 RN & 1 OR Tech in orientation; 2 RNs & 1 OR Tech selected this week for Dec. start date; interviews ongoing for Dec/Jan start dates as well as for Feb TP. |
| Emergency                                    | 18.2% | 12.9 | 5 RN new hires started Nov. TP; interviews ongoing for Dec/Jan start dates as well as for Feb TP.                                                                         |
| Psychiatry                                   | 5.4%  | 5.7  | Interviews ongoing for Dec/Jan start dates.                                                                                                                               |

### 3. RECRUITMENT AND RETENTION

- **Moore RN Internship Program:** The Project Director presented an overview of the Internship Program to the nursing faculty of City College of San Francisco and San Francisco State University. Two faculty members from each school will join the Internship Advisory Committee. Dr. Jean Ann Seago RN, Associate Professor, UCSF School of Nursing will join the Advisory Committee offering her expertise in outcomes measurement. Organizational outcomes, individual participant (RN) outcomes and patient outcomes will be tracked throughout the grant period. The meeting of the Advisory Committee is scheduled for November 16th.
- **Centralized Clinical Placement System:** SFGH Nursing Services is participating in another Moore Foundation funded project to develop a web based system for the clinical placement of nursing students in hospitals in the nine Bay area counties. Lack of clinical placements is a primary factor limiting nursing school expansion. Additionally, the process of scheduling clinical placements is time consuming and often inefficient for both the schools and hospitals. SFGH will serve as a beta site, testing the new system for the Fall 2005 semester.



#### **4. WINTER PLANNING FOR SEASONAL INCREASES IN CENSUS**

A projected increase in census is anticipated during the winter period. Over the last three years, January, February and March are high census months with a running average of 19.5 over the budgeted census. Our ability to respond to the upsurge in census is dependent on the nursing vacancy rate, number of leaves, as well as the availability of supplemental staff (per diem and registry nurses). *See Vacancy Rate Report.*

Nursing Services developed the following strategies to address the winter census:

- Backfill all extended leaves.
- Continue to monitor the consistency of the patient flow from SFGH to Laguna Honda and other public/private community resources daily.
- Limit "Time Off" requests for January, February and March.
- Utilize fixed staff (eg. Nurse Managers) during peak census periods to provide direct care.
- Flex the licensed 4A beds to include Acute Medical/Surgical overflow.
- Utilize the General Clinical Research Center (GCRC) for additional Medical/Surgical overflow.
- Continue to recruit, orient and train new hires to decrease vacancy rate.

**City and County of San Francisco**  
**HEALTH COMMISSION**  
**Department of Public Health**  
**101 Grove Street, Room #311**  
**San Francisco, CA 94102**

**(Address Correction Requested)**

**FIRST CLASS MAIL**

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Michele M. Olson  
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## AGENDA

### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, December 14, 2004  
3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

DOCUMENTS DEPT

Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

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- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE NOVEMBER 10, 2004 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**  
*\*Minutes of the meeting of November 10, 2004*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**  
(Activities and operations of SFGHMC)  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**  
(Sue Currin, R.N., Chief Nursing Officer)  
*\*Report*
- 5) **FOR ACTION:** **APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL ADMINISTRATIVE POLICIES AND PROCEDURES: HOSPITAL PLAN FOR PROVISION OF PATIENT CARE, IN-PATIENT UTILIZATION REVIEW PROGRAM, PERFORMANCE**



**IMPROVEMENT AND PATIENT SAFETY PROGRAM,  
EMPLOYEE PERFORMANCE AND COMPETENCY  
REPORT, AND ENVIRONMENT OF CARE (EOC)  
SAFETY ANNUAL REPORT**

(Gene O'Connell, Executive Administrator, SFGHMC)

*\* Reports, Policies and Procedures*

**6) PUBLIC COMMENT\*\***

**7) CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**ACTION ITEM:**            **APPROVAL OF CLOSED SESSION MINUTES OF  
NOVEMBER 10, 2004**

**FOR DISCUSSION  
AND POSSIBLE  
ACTION:**            **MEDICAL STAFF REPORT**  
Valerie Ng, M.D., Chief of Staff

**FOR ACTION:**            **CONSIDERATION OF CREDENTIALING MATTERS**  
Valerie Ng, M.D., Chief of Staff

**FOR DISCUSSION:**    **CONSIDERATION OF PEER REVIEW, QUALITY OF  
CARE AND PERFORMANCE IMPROVEMENT**  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

**D) Reconvene in Open Session**

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

**8) ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.

**\*\* Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

### **Disability Access**

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23<sup>rd</sup> Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22<sup>nd</sup> Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

### **Public Transportation**

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: [Donna\\_Hall@ci.sf.ca.us](mailto:Donna_Hall@ci.sf.ca.us).

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:  
[www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html](http://www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html)



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## MINUTES

### JOINT CONFERENCE COMMITTEE FOR

### SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, December 14, 2004

3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

#### 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:45 p.m.

DOCUMENTS DEPT.

Present: Commissioner Lee Ann Monfredini

FEB - 4 2005

Absent: Commissioner John I. Umekubo, M.D.

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Staff: Rod Auyang, Anne Chang, Sue Currin, Myra Garcia, Kathy Jung, John Luce, M.D., Alison Moed, Kathy Murphy, Valerie Ng, M.D., Gene O'Connell, Roland Pickens and Hiroshi Tokubo.

Commissioner Monfredini announced that the January 11, 2005 meeting of the SFGH JCC would be cancelled.

#### 2) APPROVAL OF THE MINUTES OF THE NOVEMBER 10, 2004 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the November 10, 2004 San Francisco General Hospital Joint Conference Committee.

### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, SFGH Hospital Administrator, presented the Hospital Administrator's Report.

#### Program Updates:

##### *Briefing of Mayor Newsom's Office of Neighborhood Services*

On December 8, Gene O'Connell briefed Joe Caruso, Director of the Mayor's Office of Neighborhood Services (MONS) and Roberto Ortega, liaison for District 9, on hospital projects of importance to residents of the Mission District. Gene briefed the Mayor's staff on the status of the SFGH rebuild and the deadlines imposed by the state to meet new seismic safety standards. She also discussed the need to find financing for the rebuild and the ongoing dialogue with UCSF on the possibility of co-locating services. She also briefed staff on the need for air medical access to improve its response to trauma patients and the ongoing Environmental Impact Review conducted by the City's Planning Department. Mr. Caruso and Mr. Ortega acknowledged the unique role of SFGH as the only Level I Trauma Center for the City and was interested in learning more about the air medical access project as it evolved.

##### *Impact of Mid Year Budget Reductions*

Due to FY 04-05 mid year budget reductions, layoff notices were sent last month to 29 DPH employees to meet the January 14 effective date. Layoffs were largely public health nurses in Health at Home's chronic care program and senior medical social workers. In addition, there were reductions of registered nurses and nurse practitioners through Primary Care's restructuring of clinic staffing. These reductions could potentially create bumping into positions of the same classes at SFGH. There has been concern as to when early retirement could be offered to eligible staff given that the Annual Salary Ordinance (ASO) has not yet been revised by the Board of Supervisors to certify these cuts.

##### *Pharmacy Co-Payments Implemented*

Effective January 10, 2005, CHN indigent patients who receive medication through the CHN prescription benefit program whose incomes are above the Federal Poverty Level (\$776/month for a single individual) will be required to pay a prescription copayment. This measure was implemented as part of the proposed mid-year budget reductions for FY 04-05. Co-payment amounts will be \$5 or \$10 for each 30-day supply of medication with the exception of anti-psychotic agents, insulin preparations, and antibiotics for acute infections (up to a 14 day supply), which will continue to be dispensed at no cost to eligible CHN patients. Drugs requiring a \$10 copayment include those with formulary restrictions for use (e.g. atorvastatin, amlodipine) and non-formulary drugs approved for use on a case-by-case basis. Letters were sent to home addresses of patients identified as being above Federal Poverty, and flyers are being distributed throughout SFGH, its clinic providers, and contracted retail pharmacies. Patients wishing to know whether their prescriptions require a copayment can call the Eligibility Department at 206-HELP.

##### *CMS and JCAHO Updates*

The Government Accountability Office (GAO) conducted a study requested by Congress to examine the effectiveness of the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) hospital accreditation process in ensuring that Medicare beneficiaries receive quality health care. The study claimed that the Joint Commission did not identify 78 percent of hospitals with serious deficiencies found by State Survey Agencies and recommended that the Centers for Medicare and Medicaid Services (CMS) have greater power to monitor the accreditation process. As a result, CMS proposes to increase its validation of JCAHO surveys to 5% of participating



hospitals. JCAHO submitted a rebuttal refuting the results and methodology of the study, and stated that it did not oppose CMS having the same authority over JCAHO as other deemed joint commission accreditation programs, regardless of the performance of JCAHO. CMS surveys are also unannounced and have a greater emphasis on codes related to Environment of Care. Lawrence Marsco, JCAHO and Regulatory Affairs manager, provided a heads up to SFGH Executive Committee members on what to anticipate during an unannounced CMS visit.

As part of Medicare's quality improvement efforts, CMS has submitted standardized ambulatory care measures to the National Quality Forum, a non profit organization that provides endorsement of consensus-based national standards for measurement and public reporting of healthcare performance data, for review and comment. The measures would be used to pay physicians to monitor, report on and improve the care provided to Medicare beneficiaries in doctors' offices. The goal would be to measure the improvement of care for conditions such as coronary artery disease, heart failure, diabetes, high blood pressure, osteoarthritis, asthma, behavioral health, prenatal care, and preventive care. CMS anticipates incorporating these measures into ongoing quality improvement efforts and demonstrations in early 2005.

#### *Executive Administrator's Overview*

As part of the annual update, Ms. O'Connell provided a brief overview of the hospital's accomplishments in FY 03-04.

#### **4) PATIENT CARE SERVICES REPORT**

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

##### **1. RN Vacancy Rate – December, 2004**

The overall RN vacancy rate for areas reported is **9.6% FTE's**. The vacancy rate has not significantly changed over the last three months, however we do anticipate additional hiring of new graduates from the December class.

| <b>AREA</b>                                                 | <b>RN VACANCY RATE</b> | <b>NO. VACANT FTE</b>                                                                                       | <b>TRAINING PROGRAMS</b>                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)</i> | <b>6.8%</b>            | <b>11.0</b><br><i>(includes 2 service retirements and one reassignment to Psych w/Nov. effective dates)</i> | <i>new RN hires from Sept/Oct will complete TP in Dec; 5 RN new hires started Nov TP and will complete Jan/Feb; interviews ongoing for Dec/Jan start dates as well as for Feb TP. Antic. 6 LVNs and 5 Student Nurse Interns to graduate from RN programs in Dec. who seek promotive appt; to RN positions in MedSurg.</i> |



|                                                                        |        |                                                                                                                               |                                                                                                                      |
|------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Critical Care<br>(includes 4E/5E/5R)                                   | 14.93% | 15.8                                                                                                                          | RNs in TP completing Dec.; 1 new hire for Nov; interviews ongoing for Nov/Dec/Jan start dates as well as for Feb TP. |
| Perinatal<br>(includes 6C Birth Center & 6H Infant Care Center)        | 9.75%  | 6.3<br>(includes 1 reassignment to clinics, 1 promotive appt to FT position w/Nov. effective dates.                           | interviews continue for Nov/Dec/Jan start dates well as for Feb TPs.                                                 |
| Perioperative<br>(includes OR/PACU/Surgicenter)                        | 1.48%  | 0.7<br>(this is a new budget position for Surgicenter eff 10/04)                                                              | OR TP to be delayed till 7/05; all OR RN vacancies filled by exp. RN eff. Nov.                                       |
| Emergency                                                              | 20.03% | 14.2<br>(includes two recent resignations to pursue other opportunities)                                                      | RN new hires started Nov. TP; interviews ongoing for Dec/Jan start dates as well as for Feb TP.                      |
| Psychiatry (includes PES & acute inpatient units only)                 | 7.12%  | 7.5                                                                                                                           | interviews ongoing for Dec/Jan start dates.                                                                          |
| Clinics<br>(includes specialty clinics & hospital-based Primary Care). | 6.27%  | 3.5<br>(includes 1 reassignment to QM Dept.; 1 reassignment to Health at Home, & 1 new budget position w/ Nov. effect. dates. | Job flyers posted and recruitment ongoing.                                                                           |

## 2. Compliance With Ratio Staffing Requirements: (By Number of Shifts. 11/01/04 To 11/30/04)

|                                                | Care | PACU | Medical<br>Surgical | Pedi-atrics | Peri-<br>natal | Psych-<br>iatry | ED |
|------------------------------------------------|------|------|---------------------|-------------|----------------|-----------------|----|
| Area unable to meet minimum ratios             | 0    | 0    | 0                   | 0           | 0              | 3               | 0  |
| Area unable to cover breaks                    | 0    | 0    | 2                   | 0           | 0              | 4               | 0  |
| Surgeries postponed related to ratios          | 0    | 0    | 0                   | 0           | 0              | 0               | 0  |
| Admissions held related to ratios              | 0    | 0    | 0                   | 0           | 0              | 0               | 0  |
| Beds closed / ED zone closed related to ratios | 0    | 0    | 0                   | 0           | 0              | 0               | 0  |
| ED diversion related to ratios                 | 0    | 0    | 0                   | 0           | 0              | 0               | 0  |

## 3. Recruitment and Retention

Moore RN Internship Program: Preparatory work continues. Advisory Committee membership is being finalized. Faculty from City College and San Francisco State University participating in the Advisory Committee will offer their expertise in nursing education. Preceptorship classes are being prepared for January 2005. Leslie Holpit RN, MSN will direct the Internship Program. Interviews are underway for a Manager for Nursing Retention and Recruitment to assist with the ongoing retention/recruitment program.

Retention: Nursing Workforce Initiative (NWI) partners SEIU Local 250 and Jewish Vocational Services have obtained additional grant funding for the CNA to LVN Program at City College. At present 5 SFGH staff are participating in this program and are targeted to graduate in December 2005. With the new funding, additional SFGH staff may have the opportunity to participate in the program beginning June 2005. Two SFGH LVNs who were supported by the NWI grant, Brian Levardo and Michael Oamil will complete the City College RN Program this December.

Participation in the NWI program has fostered significantly positive working relationships between SFGH and the NWI partners, ultimately benefiting SFGH staff.

Recruitment: SFGH Nursing Services attended the City College RN Career Fair, December 3, 2004 and will attend the LVN Career Fair December 20, 2004.

#### 4. Child And Adolescent Sexual Abuse Resource Center (CASARC)

CASARC was established over 20 years ago to provide medical, forensic and mental health services to children and adolescents who have been sexually abused. CASARC is a Department of Public Health agency in the Division of Infant, Child and Adolescent Psychiatry at San Francisco General Hospital. Under the direction of Miriam Martinez, Ph.D., Sharon McCole-Wicher, RN MS, provides DPH administrative oversight. CASARC serves children up to age 18 – approximately 70% of the clients are female and 30% are male. To date, in 2004, 229 children have received services at CASARC. Twenty percent of the victims were under 3 years of age, 18% were 4 to 6 years old, 31% were 7 to 10 years old, 22% were 11 to 14 years old and 8% were 15 to 18 years old. The children served were ethnically diverse: 27% African-American, 14% Caucasian, 29% Latino, 26% Asian, 3% Middle Eastern and 2% unknown. CASARC receives referrals from a wide array of sources including the Department of Human Services, the Police Department, pediatricians, schools, community and private mental health providers, and parents. The staff is composed of 5 forensic nurses, 4 mental health clinicians, a psychologist, a clinical coordinator, a nurse practitioner, a medical director, and a program director.

CASARC nurses are trained Child Interview Specialists who provide forensic interviews for the Multidisciplinary Interview Center (MDIC), the police and for the Department Human Services. The MDIC is a collaboration between the San Francisco Police Department, the San Francisco District Attorney's office, the Department of Human Services and CASARC to provide taped, forensically defensible interviews for children who have been sexually or physically abused or who have witnessed domestic abuse or homicide. The videotaped interviews are conducted by the CASARC nurse and are observed through a one-way mirror by members of the participating agencies. The goal is to minimize the number of times a child must tell his or her story and thus reduce further trauma. Approximately 100 of these specialized multi-disciplinary interviews are conducted per year. CASARC nurses also conduct screening interviews for the Department of Human Services and the police. Typically, these interviews are not videotaped.

CASARC mental health clinicians provide trauma focused psychotherapy and case management to sexually abused children, adolescents and their families. Most children are seen in treatment for one to two years depending on the severity of their symptoms. In 2003, CASARC provided therapy to 91 clients. The average number of therapy visits per day in 2004 was 5.5, with 47 children currently in therapy. The therapy includes individual sessions, sessions with the caregivers (foster or biological family), and group therapy. CASARC also offers an ongoing parent education group for parents of children who have been abused to help them better understand their children's symptoms and behaviors. CASARC receives consultation from a child psychiatrist when there is a need for further medical care or psychiatric medication. In addition, CASARC provides psychological testing, to better understand the mental health needs of the clients. Many of the children seen at CASARC have very complicated legal, social and family situations that involve extensive case management. CASARC nurses and the medical providers testify frequently in cases that are adjudicated.



CASARC provides outreach to schools, group homes, community mental health agencies, and hospitals to educate them about child sexual abuse and CASARC services. Typically, CASARC provides these trainings once or twice a month. CASARC nurses are available 24 hours a day/ 7 days per week for consultation to pediatricians, childcare providers, faith communities, community members and families seeking information about children who sexually act out, children who sexually touch each other, and any other information regarding sexual assault, molestation, and date rape. CASARC receives approximately 1000 of these calls per year. CASARC nurses and pediatricians are available to provide emergency medical-forensic services 24-hours/7-days per week at the request of the San Francisco Police Department.

Janet Hines, PNP, MSN was recently hired as the Director of CASARC. Ellen Wolfe, PNP, was hired recently to be the CASARC nurse practitioner. Ellen brings 15 years of experience working with foster children as the Assistant Medical Director for the Child Protection Center Shelter. Also newly hired, is Silvina Irwin, PhD, who will be implementing an Assessment based treatment model that will allow CASARC to evaluate and improve therapy outcomes through systematic assessment of symptoms. Silvina, who is bicultural/bilingual Spanish, will also be providing psychological testing and therapy to Spanish-speaking children and their families. Tonya Chaffee, M.D. is the new Medical Director of CASARC. She is an adolescent medicine specialist who is also the Director of the SFGH Teen clinic. CASARC is recruiting a clinical coordinator to supervise the therapy component of the program.

#### 5. SFGH Traumatic Brain Injury (TBI) Program

Approximately 2 million people each year sustain a traumatic head injury (TBI). 500,000 to 750,000 of these are severe enough to require hospitalization and the remaining 1.5 million may have post-concussive syndrome. Moderate or severe injuries can cause deficits of cognition, movement disorders, language, sensation, socialization, regulation of body functions including sleep, personality and emotional changes. Post-concussive syndrome deficits include cognitive deficits including decreased memory, attention deficits, thinking processes, and personality changes. As a result of these brain injuries the patient's ability to function interferes with the patient's quality of life.

Although head injuries occur in all age groups, and to both sexes, national data describes the highest incidences occur in males between the ages of 15 to 24 with motor vehicle accidents as the major mechanism for injury. However, at SFGH the average age is 40-45 with the major cause pedestrians vs. cars and falls.

Brain injuries sustained are either primary or secondary. Primary injuries are those caused by the accident. Secondary injuries develop after the initial injury at the cellular level. Primary injuries can be decreased through prevention programs and secondary injuries can be minimized by appropriate and immediate medical and surgical interventions.

At SFGH 300 severe or moderate head injury patients are seen each year. The number of post-concussive syndrome patients is unknown.

The vision of the SFGH trauma center head injury program, is to be a nationally recognized head injury program that conducts a comprehensive, interdisciplinary, state of the art recovery program designed to prevent initial and/or secondary injuries, and to provide treatment for patients with TBI by:

- Providing expert care by specialized medical personnel to severe, moderate and mild head injury patients by managing physical behavioral, emotional and cognitive deficits in a safe and structured environment.
  - Creating educational support to patients and families.
  - Creating emotional support to patients and families
  - Returning patients to the community at their highest potential, which includes: activities of daily living (grooming, toileting), mobility, vocation, recreation and leisure, education and family life activities.
- Incorporating research through education to expand knowledge of head injured patients.
- Using our expertise in the care of head injury patients to participate in injury prevention activities.

## **Accomplishments**

Accomplishments of the TBI program since its inception are:

- Development of TBI guidelines for patient care in the acute care setting
- Establishing a TBI unit at SFGH
- Education of DPH and community medical personnel to care for this population including:
  - 3 annual Neurotrauma conferences with attendees from the northern California medical community
  - 38 lectures to hospitals, professional organizations and other institutions treating the TBI population
  - 5 Grand rounds
  - 42 teaching rounds and ongoing staff competencies
- Establishing a process to transition patients from SFGH to other levels of care by developing clinical guidelines, inter-facility planning and communication
- Changes in documentation for Medi-cal for improved eligibility, reimbursement and patient flow
- Development of coach program utilizing specialized nursing assistants with special training for environmental and functional interventions
- Recruitment and orientation of a neuropsychologist and development of the neuropsychologist role
- Conducted TBI Focus Group to determine patient and family needs
- Development of TBI Recovery Support Group based on input from a TBI Patient Focus Group
- Participation in neurosurgery research
- Development of a TBI patient education materials
- Development of TBI education room at SFGH for patients, family and staff.
- Establishment of Interdisciplinary Rounds
- Decrease in falls, sedation and psychiatric drug and restraint use. (See table).

| <b>INTERVENTION</b>  | <b>2002 DATA</b> | <b>2003 DATA</b> |
|----------------------|------------------|------------------|
| FALLS                | 5%               | 2.4%             |
| SEDATION DRUG USE    | 11.3%            | 1.6%             |
| PSYCHIATRIC DRUG USE | 4%               | 0%               |
| RESTRAINT USE        | 37%              | 18.5%            |

## **Goals of TBI Program**

The initial development of the TBI program has been at SFGH. The major goal for 2003-2004 is to transition the program from a SFGH program to a comprehensive program across multiple levels of care including EMS and acute rehabilitation by:



1. Creating a programmatic structure to for the provision of care across the continuum. by:
  - Integrating LHH, EMS and SFGH clinical guidelines and providing TBI education throughout the continuum
  - Developing a coach system across the continuum
2. Development of compatible data systems across the continuum
  - Develop TBI data base
  - Analyze TBI data for clinical guidance
  - Assist with the acquisition of radiological equipment for diagnostic care of the TBI patient.
3. Incorporate post-concussive patients and patients on other medical services with TBI into the TBI program
4. Continuing to develop a center of excellence by:
  - Conducting and participating in research
  - Sharing knowledge with the community
  - Being an advocate for TBI patients at the state level
  - Developing a case management system to assist patients through the levels of care and continue to advocate for patients and clients across the continuum of care, the acute to community based care, and home care.
  - Obtaining independent or governmental funds through a state waiver
  - Participating in prevention activities e.g. San Francisco Injury Center for Research and Prevention, health fairs, elementary and high school lectures

#### Commissioners' Comments

- Commissioner Monfredini asked if the TBI Program could be replicated for other services throughout the hospital. Dr. Luce replied that it would have to be a medical staff initiative. Commissioner Monfredini urged the members of the Joint Conference Committee to begin this discussion.

#### 5) **APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL ADMINISTRATIVE POLICIES AND PROCEDURES: HOSPITAL PLAN FOR PROVISION OF PATIENT CARE, IN-PATIENT UTILIZATION REVIEW PROGRAM, PERFORMANCE IMPROVEMENT AND PATIENT SAFETY PROGRAM, EMPLOYEE PERFORMANCE AND COMPETENCY REPORT, AND ENVIRONMENT OF CARE (EOC) SAFETY ANNUAL REPORT**

Gene O'Connell, Executive Administrator, SFGHMC briefly summarized the hospital's policies and procedures and Valerie Ng, M.D. presented medical staff highlights for 2004.

#### Commissioners' Comments

- Commissioner Monfredini asked that the first goal of the hospital's mission statement, regarding staff retention (Appendix A, page 21), be more positively stated.

#### 6) **PUBLIC COMMENT**

None.



7) **CLOSED SESSION:**

- A) **Public comments on all matters pertaining to the closed session**

None.

- B) **Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)**

**Action Taken:** The Committee voted to hold a closed session.

The Committee went into closed session at 4:15 p.m. Present in the closed session were Commissioner Monfredini, Anne Chang, Executive Assistant/Operations Manager, Sue Currin, R.N., Chief Nursing Officer, Myra Garcia, CPCS, CMSC, MSSD Analyst, Kathy Jung, interim administrator for Support Services, John Luce, M.D., Chair, PIPS, Alison Moed, Director of Risk Management, Kathy Murphy, Deputy City Attorney, Valerie Ng, M.D., Chief of Staff, Gene O'Connell, SFGHMC Executive Administrator, Roland Pickens, Associate Administrator, Hiroshi Tokubo, Director, Quality Management and Michele Olson, Health Commission Executive Secretary.

- C) **Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1**

**APPROVAL OF CLOSED SESSION MINUTES OF NOVEMBER 10, 2004**

**Action Taken:** The Committee approved the November 10, 2004 closed session minutes.

**MEDICAL STAFF REPORT**

Valerie Ng, M.D., Chief of Staff

**Action Taken:** The Committee approved the continued appointment of Michael Gotway, M.D., as Acting Chief of Radiology Service and the reappointment of Valerie Ng, M.D., as Service Chief of Laboratory Medicine.

**CONSIDERATION OF CREDENTIALING MATTERS**

Valerie Ng, M.D., Chief of Staff

**Action Taken:** The Committee approved the December Credentials Report.

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**

John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

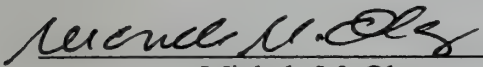
The Committee reconvened in open session at 4:45 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

8) ADJOURNMENT

The meeting was adjourned at 4:45 p.m.

  
\_\_\_\_\_  
Michele M. Olson  
Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

**\*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**





**Edward A. Chow, M.D.**  
President

**Lee Ann Monfredini**  
Vice President

**Roma P. Guy, M.S.W.**  
Commissioner

**James M. Illig**  
Commissioner

**David J. Sánchez, Jr., Ph.D.**  
Commissioner

**John I. Umekubo, M.D.**  
Commissioner

**HEALTH COMMISSION**

**CITY AND COUNTY OF SAN FRANCISCO**  
**Gavin C. Newsom, Mayor**  
**Department of Public Health**



**Mitchell H. Katz, M.D.**  
Director of Health

**Michele M. Olson**  
Executive Secretary

**Tel. (415) 554-2666**  
**FAX (415) 554-2665**

**Web Site: <http://www.sfdph.org>**

*Agenda*

**CANCELLATION NOTICE**

**FOR**

**SAN FRANCISCO GENERAL HOSPITAL**  
**JOINT CONFERENCE COMMITTEE MEETING**

**The San Francisco General Hospital (SFGH) Joint Conference Committee meeting scheduled for Tuesday, January 11, 2005 has been cancelled.**

**The next meeting will be Tuesday, February 8, 2005, 3:45 p.m. to 5:30 p.m.**

**An agenda will follow.**

**For information please call the Commission Office at 554-2666.**

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**(Posted January 6, 2005)**

**City and County of San Francisco**  
**HEALTH COMMISSION**  
**Department of Public Health**  
**101 Grove Street, Room #311**  
**San Francisco, CA 94102**

**(Address Correction Requested)**

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David J. Sánchez, Jr., Ph.D.  
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John I. Umekubo, M.D.  
Commissioner

## HEALTH COMMISSION

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## AGENDA

### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, February 8, 2005

3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

02-04-03P011-0 4/1/05

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE DECEMBER 14, 2004 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**  
*\*Minutes of the meeting of December 14, 2004*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**  
(Activities and operations of SFGHMC)  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**  
(Sue Currin, R.N., Chief Nursing Officer)  
*\*Report*
- 5) **FOR DISCUSSION:** **FINANCE REPORT**  
(Valerie Inouye, CHN Chief Financial Officer)  
*\*Finance Report*

- 6) **PUBLIC COMMENT\*\***

101 Grove Street

San Francisco, CA 94102-4505



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Department of Public Health  
101 Grove Street, Room #311  
San Francisco, CA 94102

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7) **CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**ACTION ITEM:**                    **APPROVAL OF CLOSED SESSION MINUTES OF DECEMBER 14, 2004**

**FOR DISCUSSION AND POSSIBLE ACTION:**    **MEDICAL STAFF REPORT**  
Valerie Ng, M.D., Chief of Staff

**FOR ACTION:**                    **CONSIDERATION OF CREDENTIALING MATTERS**  
Valerie Ng, M.D., Chief of Staff

**FOR DISCUSSION:**    **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

8) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.

\*\* Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

**Disability Access**

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23<sup>rd</sup> Street, from where you enter the Main Building. Take an

elevator to the second floor, and look for Room 2A6. Parking is also available at 22<sup>nd</sup> Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

### **Public Transportation**

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: [Donna\\_Hall@ci.sf.ca.us](mailto:Donna_Hall@ci.sf.ca.us).

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:

**[www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html](http://www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html)**



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## HEALTH COMMISSION

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## MINUTES

### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, February 8, 2005  
3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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#### 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:50 p.m.

Present: Commissioner Lee Ann Monfredini  
Commissioner John I. Umekubo, M.D. – arrived at 4:15 p.m.

Staff: Andre Campbell, M.D., Sue Carlisle, M.D., Anne Chang, Myra Garcia,  
Valerie Inouye, Sharon Kotabe, John Luce, M.D., Sharon McCole Wicher,  
Kathy Murphy, Valerie Ng, M.D., Gene O'Connell, Roland Pickens and  
Hiroshi Tokubo.

#### 2) APPROVAL OF THE MINUTES OF THE DECEMBER 14, 2004 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the December 14, 2004 San  
Francisco General Hospital Joint Conference Committee.

#### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, SFGH Hospital Administrator, presented the Hospital Administrator's Report.

## Program Updates:

### *San Francisco Behavioral Health Center Update*

In September 2004, SFGH took steps to obtain licensure from the Department of Social Services (DSS) for a 27 bed Adult Residential Facility (ARF) and shared plans for a 14 bed residential treatment facility with day treatment on the 1<sup>st</sup> floor. SFGH submitted an application in October 2004 to DSS which was not approved. DSS officials encouraged SFGH to make a major change in plans by having the entire 41 beds on the 1<sup>st</sup> floor as an ARF. It was suggested that treatment options could be pursued through programming and not licensing. On January 19, the SFBHC Advisory Committee reviewed DSS' recommendations and determined that although revenue projected for the proposed residential treatment facility would be lost, not being able to reopen the 1<sup>st</sup> floor would pose greater consequences on finances and patient care. As a result, it endorsed SFGH to resubmit the application for an ARF for all 41 beds of the 1<sup>st</sup> floor. With the assistance of the Health Commission, Hiroshi Tokubo, Director of Quality Management; Sharon McCole-Wicher, Director of Behavioral Health Services; Ernestina Carrillo, Director of Social Work at the SFBHC; and Anne Chang, Operations Manager to the CEO; redrafted areas of the application and resubmitted it on time to DSS by their February 1 deadline. SFGH is awaiting DSS' decision on ARF licensure of the SFBHC first floor.

### *SFGH and Stanford Conduct Patient Safety Climate Study*

SFGH was asked to participate in a patient safety climate study sponsored by Stanford University's Center for Health Policy/Center for Primary Care and Outcomes Research. The primary goal of the study is to collect data about the institution's beliefs and attitudes about reporting medical errors and patient safety issues at the hospital, and the role that "management" plays in promoting these "values" at SFGH. Beliefs and attitudes have shown to play a key role in medical error and patient injury prevention. Surveys have been distributed to all medical staff and 10% of all hospital staff asking questions related to the patient safety and quality improvement in their unit and the facility as a whole. SFGH has been selected as an 'intervention site' in which executives and managers will participate in an intervention program to improve the climate for reporting medical errors and improving patient safety.

### *JCAHO Theme of the Week, Mock Leadership Interview*

In an effort to prepare for the unannounced 2005 JCAHO accreditation survey, Hiroshi Tokubo and the Quality Management Department are spearheading JCAHO 'Themes of the Week,' where all staff are distributed leaflets and email every week on a particular subject of concern, such as ways in which the hospital is meeting a JCAHO standard or addressing a National Patient Safety Goal (NPSG). This week, the focus is on how the hospital is meeting patient safety and performance improvement standards through its Performance Improvement and Patient Safety (PIPS) program and patient safety plan. Previous themes include Infection Control or Hospital Acquired Infections, Universal Protocol, Positive Patient Identification, the JCAHO National Patient Safety Goals, and Improving Effectiveness of Communication Among Caregivers (e.g. 'do not use abbreviations' list, ordering and transcribing medications, and making clear entries in the medical record).

Also, SFGH has gained the assistance of Kaiser Permanente to provide consultation on preparing for JCAHO surveys. Helen Archer-Duste, Quality and Services Assistant Administrator, conducted a mock leadership interview with members of the Administrative Operations team. Leadership standards emphasize operational and capital budget development, strategic planning, contracting, modifying and creating services, employee competency, environment of care, and include specific standards on organ donation and patient flow.



### *Air Medical Access Project Update*

The Environmental Impact Review [EIR] process is continuing forward. An Initial Study draft has been completed by Turnstone Consulting and is currently being reviewed by the CCSF Planning Department and SFGH staff. It is anticipated that this study will proceed through two drafts prior to being published by the CCSF Planning Department for a 30-day public review and comment period. The Initial Study is the first public comment document in the EIR process describing the project and a summary of potential environmental impacts. The projected 45-page document also includes an environmental evaluation checklist and impact discussion. The CCSF Planning Department will advise SFGH of the Initial Study publication date and is responsible for providing copies to any member of the public requesting it.

Gerson Overstreet Architects began work on the design and permitting phase of the Air Medical Access Project on November 2, 2004. Meetings have been held with structural and mechanical engineers, elevator specialists, helipad design specialists and SFGH Facilities leaders. Site visits were made to both Oakland Children's Hospital and Stanford University Hospital to discuss pad design, lighting systems and fire suppression systems. Preliminary design schemes for the helipad are scheduled for presentation to SFGH in February.

On January 10, UCSF presented its Draft EIR to the community on January 10, 2005 during a meeting at their new Mission Bay campus, which included a helipad feasibility study for a helipad located at a new women's and children's cancer acute care hospital. The *SFGH Air Medical Access Needs & Feasibility Study ~ March 2003* was quoted throughout the UCSF helipad study document.

### **Events:**

The Medical Executive Committee has scheduled a retreat to be held March 24 to discuss potential service reductions. MEC will collectively identify services essential and not essential to maintaining the hospital's Level I trauma designation and develop a long range strategic planning process to address the impact of future budget cuts to the UCSF contract.

Through the extraordinary generosity of staff, San Francisco General Hospital employees donated over \$30,000 to charitable organizations through the CCSF Combined Charities Campaign, increasing its giving by 60% from 2003. Over 7% of SFGH employees participated, exceeding the percentage at Laguna Honda Hospital and other DPH departments. Many directed their gifts to the Volunteers at SFGH and the San Francisco General Hospital Foundation.

### **Staff News:**

After 17 years of service to SFGH, Penney Mitchell retired from her position as Medical Social Services Director last December. Sharon Kwong, LCSW, is currently acting director for the department.

Kathy Jung, MPH, has been named the Associate Administrator for Support Services at SFGH. She was previously the acting administrator for the department.

Anne Chang, Operations Manager to the CEO, has resigned this month to take a position with the Permanente Medical Group's internal consulting group as a senior managerial consultant.



4) **PATIENT CARE SERVICES REPORT**

Sharon McCole Wicher presented the Patient Care Services Report (Attachment A).

5) **FINANCE REPORT**

Valerie Inouye, CHN Chief Financial Officer, presented the Finance Report (Attachment B).

6) **PUBLIC COMMENT**

None.

7) **CLOSED SESSION:**

A) **Public comments on all matters pertaining to the closed session**

None.

B) **Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)**

**Action Taken:** The Committee voted to hold a closed session.

The Committee went into closed session at 4:17 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Umekubo, Andre Campbell, M.D., Chief of Staff-elect, Sue Carlisle, M.D., UCSF Associate Dean, Anne Chang, Executive Assistant/Operations Manager, Myra Garcia, CPCS, CMSC, MSSD Analyst, Sharon Kotabe, Pharm.D., Director of Pharmacy, CHN, John Luce, M.D., Chair, PIPS, Sharon McCole Wicher, Director of Behavioral Health Services, Kathy Murphy, Deputy City Attorney, Valerie Ng, M.D., Chief of Staff, Gene O'Connell, SFGHMC Executive Administrator, Roland Pickens, Associate Administrator, Hiroshi Tokubo, Director, Quality Management and Michele Olson, Health Commission Executive Secretary.

C) **Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1**

**APPROVAL OF CLOSED SESSION MINUTES OF DECEMBER 14, 2004**

**Action Taken:** The Committee approved the December 14, 2004 closed session minutes.

**MEDICAL STAFF REPORT**

Valerie Ng, M.D., Chief of Staff

**CONSIDERATION OF CREDENTIALING MATTERS**

Valerie Ng, M.D., Chief of Staff

**Action Taken:** The Committee approved the February Credentials Report.

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND  
PERFORMANCE IMPROVEMENT**

John Luce, M.D., Medical Director SFGH-QM

Hiroshi Tokubo, CHN Director, QM

**D) Reconvene in Open Session**

The Committee reconvened in open session at 5:20 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

**Action Taken:** The Committee voted not to disclose discussions held in closed session.

**8) ADJOURNMENT**

The meeting was adjourned at 5:20 p.m.

  
\_\_\_\_\_  
Michele M. Olson

Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

\*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

## PATIENT CARE SERVICES REPORT

Submitted to the Joint Conference Committee, January/February 2005

Sue Currin, RN, MS, Chief Nursing Officer

San Francisco General Hospital

### 1. RN VACANCY RATE – January, 2005

The overall RN vacancy rate for areas reported is 7.98%

| AREA                                                         | RN VACANCY RATE | NO. VACANT FTE                                      | TRAINING PROGRAMS                                                                  |
|--------------------------------------------------------------|-----------------|-----------------------------------------------------|------------------------------------------------------------------------------------|
| Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)         | 7.9%            | 12.8<br>(two staff reassigned to CCTP starting Feb) | Interviews scheduled for Feb.                                                      |
| Critical Care (includes 4E/5E/5R)                            | 13.19%          | 14.0                                                | 5 RNs starting TP Feb 14 <sup>th</sup> .                                           |
| Perinatal (includes 6C Birth Center & 6H Infant Care Center) | 6.81%           | 4.4                                                 | Candidates identified for 6C vacancies; employment processing pending req release. |
| Perioperative (includes OR/PACU/Surgi-center)                | 2.11%           | 0.9                                                 | Interviews scheduled late January.                                                 |
| Emergency                                                    | 9.59%           | 6.8                                                 | 7 RN new hires starting Feb TP; 2 new RN hires w/ED exp. Interviews ongoing.       |
| Psychiatry (includes PES & acute inpatient units only)       | 5.91%           | 7.0                                                 | Interviews ongoing                                                                 |
| Clinics (incl. Specialty clinics/ hosp.based Primary Care).  | 4.34%           | 2.5                                                 | Candidate identified for FHC vacancy; interviews scheduled for 3M vac.             |
| <b>TOTALS</b>                                                | <b>7.4%</b>     | <b>48.4 FTE</b>                                     |                                                                                    |



**2.COMPLIANCE WITH RATIO STAFFING REQUIREMENTS:****12/01/04 TO 12/31/04**

|                                                               | <b>Critical<br/>Care</b> | <b>PACU</b> | <b>Medical<br/>Surgical</b> | <b>Pedi-<br/>atrics</b> | <b>Peri-<br/>natal</b> | <b>Psych-<br/>iatry</b>                 | <b>ED</b> |
|---------------------------------------------------------------|--------------------------|-------------|-----------------------------|-------------------------|------------------------|-----------------------------------------|-----------|
| <b>Area unable to meet<br/>minimum ratios</b>                 | <b>0</b>                 | <b>0</b>    | <b>0</b>                    | <b>0</b>                | <b>0</b>               | <b>2</b><br>12/8<br>12/19<br>sick calls | <b>0</b>  |
| <b>Area unable to cover<br/>breaks</b>                        | <b>0</b>                 | <b>0</b>    | <b>0</b>                    | <b>0</b>                | <b>0</b>               | <b>0</b>                                | <b>0</b>  |
| <b>Surgeries postponed<br/>related to ratios</b>              | <b>0</b>                 | <b>0</b>    | <b>0</b>                    | <b>0</b>                | <b>0</b>               | <b>0</b>                                | <b>0</b>  |
| <b>Admissions held<br/>related to ratios</b>                  | <b>0</b>                 | <b>0</b>    | <b>0</b>                    | <b>0</b>                | <b>0</b>               | <b>0</b>                                | <b>0</b>  |
| <b>Beds closed / ED<br/>zone closed related<br/>to ratios</b> | <b>0</b>                 | <b>0</b>    | <b>0</b>                    | <b>0</b>                | <b>0</b>               | <b>0</b>                                | <b>0</b>  |
| <b>ED diversion related<br/>to ratios</b>                     | <b>0</b>                 | <b>0</b>    | <b>0</b>                    | <b>0</b>                | <b>0</b>               | <b>0</b>                                | <b>0</b>  |

**3. RECRUITMENT AND RETENTION**

Retention: Two RNs received the final 2004 DAISY Awards in December 2004. Linda Mungia RN from the Birth Center was recognized for her extraordinary clinical expertise, patient advocacy and precepting skills. Linda has worked in the Birth Center for twenty-three years. A posthumous DAISY Award honoring Linda Pippins RN and night shift charge nurse, was presented to the nursing staff of Unit 7L, the Forensic Psychiatric Unit. Ms. Pippins died suddenly last fall. She had worked at SFGH for over sixteen years. Linda was recognized for her ability to work with her patient's in a positive, caring manner that focused on their strengths.

Moore RN Internship Grant: The Internship Advisory Committee convened in December and January making recommendations on programmatic components and outcomes measurement. Seventy-five current RN staff will be trained as preceptors in this first grant year. Preceptor training was initiated on January 19 with a class for 23 RNs. Additional classes are scheduled in February and March. Preparations are underway for the clinical leadership training of 15 staff beginning in April.

Integrated Nurse Leadership Program: An application was submitted to the Center for the Health Professions for participation in the Integrated Nurse Leadership Program (INLP). Eight bay area

hospitals will be selected to participate in the INLP program (funded by the Moore Foundation). The program will provide leadership training and strategic support for the implementation of a project to improve patient safety and nurse retention in a clinical unit.

Recruitment: Potential candidates were contacted at the December RN and LVN career fairs at City College of San Francisco. New graduate interest in positions at SFGH remains very high. Overall candidate availability increased in the last months of 2004 with specialty areas hiring candidates to fill available positions in the Emergency Department, Operating Room and Telemetry. All areas are working to capitalize on the improved candidate pool.

#### **4. TRAUMA SURVEY**

The Trauma Center site survey has been scheduled for March 18, 2005. The American College of Surgeons, Committee on Trauma (ACSCOT) has not confirmed a specific date for the visit. The survey team will consist of two trauma surgeons, one of which participated in the reverification survey last year. The visit will include approximately 4 hours of retrospective and possibly concurrent chart review. Documentation of resolution of the six criteria deficiencies will be forwarded to the site team members 3 weeks prior to the survey.

#### **5. TITLE 15 UPDATE**

Title 15, the regulatory body for Forensic Services, completed its annual inspection of Units 7D and 7L on January 24, 2005. Both units presented very well. There were no major deficiencies noted.

**San Francisco General Hospital**

**Revenue and Expense Projections Based on Six Months Ended December 31, 2004**

**Revenues**

- Net patient revenues projected to exceed the budget by approx. \$15.9 million.
- Includes \$1.2 million prior year settlements.
- Net patient revenues continue to be strong, especially in the Medicare and Other (mostly commercial) payer categories. Medicare discharges are on a trend to increase by 100 over the prior year. We have also made significant progress in billing for more outpatient services by having our providers enroll for a UPIN number at the time of employment. The increase in the commercial business is due to seeing the full effects of canceling our Healthnet and Pacificare contracts.
- Increased reimbursement as a result of the patient flow project with LHH.
- Our reimbursement consultants have not yet concluded their review of our second quarter financial statements. Once they do, we believe we will have additional positive prior year settlements to book due to statute of limitations running out on old cost report years.
- Last fiscal year, we ended the year with \$157 million in net patient revenues, excluding prior year settlements.

**Expenses**

- Salaries and wages continue to run over budget due to payment of premium time to cover vacant positions. We are continuing to fill all clinical care requisitions. Many of the non-clinical departments are fully staffed and cannot meet their salary savings targets. Approximately \$737,000 of the unfavorable variance is due to one-time payouts.
- The fringe benefit variance is much higher as a percentage of the budget than the salaries and wages variance. Most of the variance in fringe benefits is due to underbudgeting of the retirement expense, as calculated by the Controller's office.
- Non-personal services continue to be significantly over budget. The executive staff reviewed a list of vendors in this category, and have determined that most of the payments are necessary and ongoing; therefore, we have asked for a structural fix in the FY 06 budget.

*Attachment B, 1*



- The services of other departments show a positive variance of \$704,000, mainly due to a positive variance in workers compensation expenses.

# San Francisco General Hospital

SUMMARY STATISTICAL INFORMATION - FYE 6/30/05

MONTH ENDING: DECEMBER 31, 2004

(In Thousands of Dollars)

## Health Commission Report

| YEAR-TO-DATE                 |                 |                 |                |                                              | ANNUAL          |                 |                 |              |  |
|------------------------------|-----------------|-----------------|----------------|----------------------------------------------|-----------------|-----------------|-----------------|--------------|--|
|                              |                 | Fav/(Unfav)     |                |                                              |                 |                 |                 | Fav/(Unfav)  |  |
| Projection                   | Budget          | Variance        | % Var.         |                                              | Projection      | Budget          | Variance        | % Var.       |  |
| NET PATIENT SERVICE REVENUE: |                 |                 |                |                                              |                 |                 |                 |              |  |
| 32,901                       | 42,141          | (9,240)         | -21.9%         | Medi-Cal Revenue                             | 80,356          | 83,596          | (3,240)         | -3.9%        |  |
| 32,945                       | 28,423          | 4,522           | 15.9%          | Medicare Revenue                             | 60,904          | 56,380          | 4,524           | 8.0%         |  |
| 40,783                       | 22,688          | 18,095          | 79.8%          | Other Patient Revenue                        | 63,101          | 45,005          | 18,096          | 40.2%        |  |
| (16,698)                     | (15,123)        | (1,575)         | -10.4%         | Provision for Bad Debt                       | (33,397)        | (30,000)        | (3,397)         | -11.3%       |  |
| <u>89,931</u>                | <u>78,129</u>   | <u>11,802</u>   | <u>15.1%</u>   | TOTAL NET PATIENT SERVICE REVENUE            | <u>170,964</u>  | <u>154,981</u>  | <u>15,983</u>   | <u>10.3%</u> |  |
| OTHER OPERATING REVENUE:     |                 |                 |                |                                              |                 |                 |                 |              |  |
| 0                            | 0               | 0               | n/a            | Short Doyle (Community Health Service)       | 0               | 0               | 0               | n/a          |  |
| 2,877                        | 2,877           | 0               | n/a            | Short Doyle Medi-Cal                         | 5,754           | 5,754           | 0               | n/a          |  |
| 2,321                        | 2,321           | 0               | n/a            | MAA/TCM                                      | 4,643           | 4,643           | 0               | n/a          |  |
| 53,558                       | 66,322          | (12,764)        | -19.2%         | SB855                                        | 107,115         | 132,645         | (25,530)        | -19.2%       |  |
| 12,000                       | 12,000          | 0               | n/a            | SB1255                                       | 24,000          | 24,000          | 0               | n/a          |  |
| 650                          | 650             | 0               | n/a            | GME                                          | 1,300           | 1,300           | 0               | n/a          |  |
| 12,713                       | 13,044          | (331)           | -2.5%          | Capitation/Managed Care Settlement           | 25,426          | 26,087          | (661)           | -2.5%        |  |
| 0                            | 0               | 0               | n/a            | State Alcohol                                | 0               | 0               | 0               | n/a          |  |
| 0                            | 0               | 0               | n/a            | Proposition 36                               | 0               | 0               | 0               | n/a          |  |
| 30,557                       | 30,557          | 0               | n/a            | State Realignment                            | 61,114          | 61,114          | 0               | n/a          |  |
| 614                          | 707             | (93)            | -13.2%         | Prop 99 AB75                                 | 1,228           | 1,414           | (186)           | -13.2%       |  |
| 0                            | 0               | 0               | n/a            | Other State (CCS and State Mandated Cost)    | 0               | 0               | 0               | n/a          |  |
| 1,457                        | 1,457           | 0               | n/a            | Fees/Cafeteria/Misc. (includes lease income) | 2,914           | 2,914           | 0               | n/a          |  |
| 8,097                        | 8,192           | (95)            | -1.2%          | Workorder Recovery                           | 16,194          | 16,383          | (189)           | -1.2%        |  |
| 3,384                        | 3,384           | 0               | n/a            | Transfer In and Project-Related              | 6,768           | 6,768           | 0               | n/a          |  |
| 8,275                        | 8,275           | 0               | n/a            | Carryforward                                 | 16,550          | 16,550          | 0               | n/a          |  |
| <u>136,503</u>               | <u>149,786</u>  | <u>(13,283)</u> | <u>-8.9%</u>   | TOTAL OTHER OPERATING REVENUE                | <u>273,006</u>  | <u>299,572</u>  | <u>(26,566)</u> | <u>-8.9%</u> |  |
| <u>226,434</u>               | <u>227,915</u>  | <u>(1,481)</u>  | <u>-0.6%</u>   | TOTAL OPERATING REVENUE                      | <u>443,970</u>  | <u>454,553</u>  | <u>(10,583)</u> | <u>-2.3%</u> |  |
| OPERATING EXPENSES:          |                 |                 |                |                                              |                 |                 |                 |              |  |
| 94,449                       | 92,439          | (2,010)         | -2.2%          | Personnel Services                           | 185,829         | 183,355         | (2,474)         | -1.3%        |  |
| 26,831                       | 25,804          | (1,027)         | -4.0%          | Mandatory Fringe Benefits                    | 52,791          | 51,183          | (1,608)         | -3.1%        |  |
| 61,069                       | 58,937          | (2,132)         | -3.6%          | Non-personal Services                        | 122,138         | 117,874         | (4,264)         | -3.6%        |  |
| 25,378                       | 25,440          | 62              | 0.2%           | Materials and Supplies                       | 50,757          | 50,881          | 124             | 0.2%         |  |
| 2,197                        | 2,197           | 0               | n/a            | Facilities Maint. & Capital Outlay           | 4,394           | 4,394           | 0               | n/a          |  |
| 14,968                       | 15,320          | 352             | 2.3%           | Services of Other Departments (workorders)   | 29,936          | 30,640          | 704             | 2.3%         |  |
| 37,544                       | 49,112          | 11,568          | 23.6%          | Operating Transfer Out                       | 75,088          | 98,225          | 23,137          | 23.6%        |  |
| 1,874                        | 1,874           | 0               | n/a            | Intrafund Transfer                           | 3,748           | 3,748           | 0               | n/a          |  |
| 1,576                        | 1,576           | 0               | n/a            | Projects                                     | 3,151           | 3,151           | 0               | n/a          |  |
| <u>265,886</u>               | <u>272,699</u>  | <u>6,813</u>    | <u>2.5%</u>    | TOTAL OPERATING EXPENSES                     | <u>527,832</u>  | <u>543,451</u>  | <u>15,619</u>   | <u>2.9%</u>  |  |
| <u>(39,452)</u>              | <u>(44,784)</u> | <u>5,332</u>    | <u>11.9%</u>   | OPERATING INCOME/(LOSS)                      | <u>(83,862)</u> | <u>(88,898)</u> | <u>5,036</u>    | <u>5.7%</u>  |  |
| NON-OPERATING REVENUE:       |                 |                 |                |                                              |                 |                 |                 |              |  |
| 44,449                       | 44,449          | 0               | n/a            | General Fund                                 | 88,898          | 88,898          | 0               | n/a          |  |
| <u>44,449</u>                | <u>44,449</u>   | <u>0</u>        | <u>n/a</u>     | TOTAL NON-OPERATING REVENUE                  | <u>88,898</u>   | <u>88,898</u>   | <u>0</u>        | <u>n/a</u>   |  |
| <u>4,997</u>                 | <u>(335)</u>    | <u>5,332</u>    | <u>1591.6%</u> | NET INCOME/(LOSS)                            | <u>5,036</u>    | <u>0</u>        | <u>5,036</u>    | <u>n/a</u>   |  |

Attachment B, 3

2/3/2005\12:31 PM

Department of Public Health  
Revenue and Expense Projections  
Based on Six Months Ended December 31, 2004

| Division                    | REVENUES          |                       |                       | EXPENDITURES      |                       |                       | TOTAL<br>Surplus/<br>(Deficit) |
|-----------------------------|-------------------|-----------------------|-----------------------|-------------------|-----------------------|-----------------------|--------------------------------|
|                             | Revised<br>Budget | Current<br>Projection | Surplus/<br>(Deficit) | Revised<br>Budget | Current<br>Projection | Surplus/<br>(Deficit) |                                |
| Department of Public Health |                   |                       |                       |                   |                       |                       |                                |
| SFGH                        | \$ 543,451,000    | \$ 532,868,000        | (10,583,000)          | \$ 543,451,000    | \$ 527,832,000        | 15,619,000            | 5,036,000                      |
| Laguna Honda                | 154,265,000       | 152,739,000           | (1,526,000)           | 154,265,000       | 154,761,000           | (496,000)             | (2,022,000)                    |
| Primary Care                | 42,187,000        | 44,226,000            | 2,039,000             | 42,187,000        | 42,197,000            | (10,000)              | 2,029,000                      |
| Health at Home              | 7,665,000         | 7,478,000             | (187,000)             | 7,665,000         | 7,237,000             | 428,000               | 241,000                        |
| Jail Health                 | 21,690,000        | 21,592,000            | (98,000)              | 21,690,000        | 22,167,000            | (477,000)             | (575,000)                      |
| Public Health               | 91,304,000        | 91,004,000            | (300,000)             | 91,304,000        | 90,403,000            | 901,000               | 601,000                        |
| Mental Health               | 172,175,000       | 172,175,000           | -                     | 172,175,000       | 173,171,000           | (996,000)             | (996,000)                      |
| Substance Abuse             | 65,095,000        | 65,095,000            | -                     | 65,095,000        | 64,745,000            | 350,000               | 350,000                        |
| TOTAL DPH                   | 1,097,832,000     | 1,087,177,000         | (10,655,000)          | 1,097,832,000     | 1,082,513,000         | 15,319,000            | 4,664,000                      |

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carry forwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

Attachment B, 4



Lee Ann Monfredini  
President

Roma P. Guy, M.S.W.  
Vice President

Edward A. Chow, M.D.  
Commissioner

James M. Illig  
Commissioner

David J. Sánchez, Jr., Ph.D.  
Commissioner

John I. Umekubo, M.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

Michele M. Olson  
Executive Secretary

Tel. (415) 554-2666  
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Web Site: <http://www.sfdph.org>

## AGENDA

### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, March 8, 2005  
3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

DOCUMENTS DEPT.

MAR - 2 2005

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Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

03-02-05 A10-05 REV 1

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE FEBRUARY 8, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**  
*\*Minutes of the meeting of February 8, 2005*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**  
(Activities and operations of SFGHMC)  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**  
(Sue Currin, R.N., Chief Nursing Officer)  
*\*Report*
- 5) **PUBLIC COMMENT\*\***

6) **CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**ACTION ITEM:**            **APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 8, 2004**

**FOR DISCUSSION AND POSSIBLE ACTION:**    **MEDICAL STAFF REPORT**  
Valerie Ng, M.D., Chief of Staff

**FOR ACTION:**            **CONSIDERATION OF CREDENTIALING MATTERS**  
Valerie Ng, M.D., Chief of Staff

**FOR DISCUSSION:**    **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

- \* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.
- \*\* Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

**Disability Access**

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23<sup>rd</sup> Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22<sup>nd</sup> Street and Potrero Avenue.



American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

### **Public Transportation**

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: [Donna\\_Hall@ci.sf.ca.us](mailto:Donna_Hall@ci.sf.ca.us).

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:

[www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html](http://www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html)





Lee Ann Monfredini  
President

Roma P. Guy, M.S.W.  
Vice President

Edward A. Chow, M.D.  
Commissioner

James M. Illig  
Commissioner

David J. Sánchez, Jr., Ph.D.  
Commissioner

John I. Umekubo, M.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

Michele M. Seaton  
Executive Secretary

Tel. (415) 554-2666  
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## MINUTES

### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, March 8, 2005

3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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#### 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:45 p.m.

Present: Commissioner Lee Ann Monfredini  
Commissioner John I. Umekubo, M.D. – arrived at 4:05 p.m.

Staff: Andre Campbell, M.D., Sue Carlisle, M.D., Sue Currin, Myra Garcia,  
Valerie Inouye, Kathy Jung, John Luce, M.D., Anson Moon, Kathy  
Murphy, Valerie Ng, M.D., Gene O'Connell, Roland Pickens, Gregg Sass,  
Dan Schwager and Hiroshi Tokubo.

#### 2) APPROVAL OF THE MINUTES OF THE FEBRUARY 8, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the February 8, 2005 San  
Francisco General Hospital Joint Conference Committee.

#### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, SFGH Hospital Administrator, presented the Hospital Administrator's Report.

## **Program Updates:**

### San Francisco Behavioral Health Center Update

Ms. O'Connell announced that SFGH has received notice that San Francisco General Hospital's application for the Adult Rehabilitation Facility license has been approved. The actual physical license will be awarded on March 15. Implementation of the program will begin in April.

Obtaining this third license allows the Department to fulfill the Commission's 2004 Resolution to reconfigure the Mental Health Rehabilitation Center into a multi-level facility that will better serve our clients.

### JCAHO Preparedness: Theme of the Week

As mentioned last month, the Quality Management Department is using 'Themes of the Week' as a way to help prepare for the unannounced 2005 JCAHO accreditation survey. Since last month, themes have included Hand Washing, Leadership and Emergency Preparedness.

In addition to the 'Theme of the Week' program, Environmental of Care Inspection Rounds are being conducted twice a month. Inspection teams, which include Executive Staff members, are touring different locations of the hospital to assess compliance with EOC policies and requirements. Areas of focus include Safety, Security, Hazardous Material/Wastes, Emergency Preparedness, Life Safety, Equipment, Utility Systems and, one of the more important, Staff Knowledge (of the aforementioned).

### Laguna Honda

At the direction of Mayor Newsom, Dr. Katz returned Laguna Honda Hospital's admissions policy to what it was prior to March 2004. Last March, changes were made to Laguna's admissions policy in order to give priority to patients transferring from San Francisco General Hospital. This policy change was implemented as a cost-saving measure to reduce the number of decertified Medi-Cal days experienced here at San Francisco General Hospital. Prior to the policy change, 54 percent of Laguna's admissions were from San Francisco General Hospital. After the new policy was implemented, admissions from SFGH represented 75 percent of Laguna Honda Hospital's new admissions. The policy change saved the Department an estimated \$1.7 million. It was reported, however, that the policy change created patient care issues for Laguna Honda staff, as Laguna Honda Hospital has traditionally focused more on meeting the needs of people at the end of their lives or people with medical disabilities, rather than people coming from General for shorter stays and with multiple and complex service needs.

Currently, San Francisco General and Laguna Honda staff are working with consultants from Health Management Associates to explore ways of improving the referral process between the two hospitals.

## **Staff News:**

Katherine Ripley Williams is the new Executive Director of the San Francisco General Hospital Foundation. She came to the Foundation from the Northern California Institute for Research and Education, a non-profit institute established to facilitate medical research at the San Francisco VA Medical Center where she was the Vice President for Development. Prior to that, Katherine was the Vice President for Development at the University of Colorado Hospital (UCH), an affiliate of the University of Colorado Health Sciences Center in Denver, Colorado; and prior to that she was the



Director of Corporate and Foundation Relations at the University of California San Francisco Foundation for over 4 years.

One of the projects Katherine will be leading is the distribution of the 2 million dollars the Foundation raised from the San Francisco Hearts Project.

Dan Schwager is the new Director of Medical Staff Services. He came to SFGH from UCSF where he served for four year as Senior Governance Analyst in the Medical Staff Services Office. Dan received a law degree at Golden Gate University in San Francisco and has a Master degree in Education Administration from the University of Massachusetts.

#### 4) PATIENT CARE SERVICES REPORT

##### 1. RN VACANCY RATE – February 2005

The overall RN vacancy rate for areas reported is **7.3 %**.

As a benchmark measure, CHA data for 3<sup>rd</sup> quarter 2004 (last quarter for which data is available) reports. California RN vacancy rate at 11%, Northern California RN vacancy rate at 9.4%, and Southern California RN vacancy rate at 12.5%.

| <b>AREA</b>                                                             | <b>RN VACANCY RATE</b> | <b>NO. VACANT FTE</b> | <b>TRAINING PROGRAMS</b>                                                                        |
|-------------------------------------------------------------------------|------------------------|-----------------------|-------------------------------------------------------------------------------------------------|
| <i>Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)</i>             | 6.9%                   | 11.2                  | Interviews scheduled throughout March for ongoing TP                                            |
| <i>Critical Care (includes 4E/5E/5R)</i>                                | 13.73%                 | 14.5                  | Interviews scheduled for April/May hiring as well as for Summer CCTP                            |
| <i>Perinatal (includes 6C Birth Center &amp; 6H Infant Care Center)</i> | 8.05%                  | 5.2                   | Candidates identified for 6C vacancies; employment processing pending req release.              |
| <i>Perioperative (includes OR/PACU/Surgi-center)</i>                    | 2.11%                  | 1.0                   | Recruitment ongoing for OR RN                                                                   |
| <i>Emergency</i>                                                        | 9.17%                  | 6.5                   | RN new hires started Feb TP; 2 new RN for TP starting March; 6 P103 hires starting March/April. |
| <i>Psychiatry (includes PES &amp; acute inpatient units only)</i>       | 6.33%                  | 7.5                   | Interviews ongoing                                                                              |
| <i>Clinics (incl. Specialty clinics/ hosp.-based Primary Care).</i>     | 2.84%                  | 1.6                   | Interviews scheduled March for 3M RN vacancy.                                                   |
| <b>TOTALS</b>                                                           | <b>7.3%</b>            | <b>45.9 FTE</b>       |                                                                                                 |

## 2. COMPLIANCE WITH RATIO STAFFING REQUIREMENTS:

By Number of Shifts, 2/01/05 to 2/28/05

|                                                | Critic<br>Care | PACU | Medical<br>Surgical | Pedi-<br>atrics | Peri-<br>natal | Psych-<br>iatry | ED |
|------------------------------------------------|----------------|------|---------------------|-----------------|----------------|-----------------|----|
| Area unable to meet minimum ratios             | 0              | 0    | 0                   | 0               | 0              | 3 *             | 0  |
| Area unable to cover breaks                    | 0              | 0    | 0                   | 0               | 0              | 9 #             | 0  |
| Surgeries postponed related to ratios          | 0              | 0    | 0                   | 0               | 0              | 0               | 0  |
| Admissions held related to ratios              | 0              | 0    | 0                   | 0               | 0              | 0               | 0  |
| Beds closed / ED zone closed related to ratios | 0              | 0    | 0                   | 0               | 0              | 0               | 0  |
| ED diversion related to ratios                 | 0              | 0    | 0                   | 0               | 0              | 0               | 0  |

\* Related to sick calls and night shift Per Diem vacancies.

Plan: Managers following up on disciplinary issues and two night shift Per Diems hired.

# Related to night shift Roving Nurse vacancy. Roving Nurse hired, completed orientation and will cover breaks.

## 3. RECRUITMENT AND RETENTION

*DAISY Award:* Bill Chun RN from the Operating Room received the DAISY award for his outstanding commitment to nursing and the promotion of excellence in patient care. Bill's mentoring and teaching skills have impacted patient care and the expertise and training of significant numbers of OR staff. Bill is the first RN from SFGH currently in a non-clinical position to receive the DAISY award. With more than 25 years of service at SFGH, Bill directs the Operating Room Performance Improvement program and coordinates the OR Information Systems. The Retention and Recruitment Committee received four nominations for Bill. His leadership, mentoring and excellent performance were noted in each nomination.

*Moore RN Internship Program:* Planning is progressing for the three components of the program.

1) Preceptor training for current staff continues with 19 RNs attending a course on February 16. Preceptor curriculum continues to be developed. Performance criteria specific to precepting skills have been developed and will be used for self-evaluation of the preceptors and for evaluation by the supervisor and preceptee. 2) Planning is underway for the Clinical Leadership Development component of the program. This component will focus on improving the clinical skills and critical

thinking skills of current associate degree staff and foreign trained staff. The first cohort is scheduled to begin this April. Participants for the first cohort will be from the medical-surgical units. 3) New graduate RN Interns are targeted to begin in the summer of 2005. An application process and criteria were agreed upon in the Internship Advisory Committee. Applications for potential participants will be available to nursing students from ADN programs later in March.

SFGH RNs from unit 4B, Eric Scudmore and Harold Tidwell were featured on the cover of the February issue of *Advance for Nurses*, a free magazine mailed to the homes of RNs in northern California. The inside article featured information on the Moore RN Internship Program.

*PINE Grant application:* In collaboration with San Francisco State University, a proposal for a Programs for Innovation in Nursing Education (PINE) grant was submitted 2/28/05. The \$15,000 grant will fund a survey of SFGH nursing staff to determine the number of staff interested in BSN education. The survey will determine academic readiness as well as support and mentoring needs of the staff. With SFSU and Local 790 mentoring and support programs will be planned for SFGH staff attending the SFSU BSN program.

5) **PUBLIC COMMENT**

None.

6) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:00 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Umekubo (arrived at 4:05 p.m.), Andre Campbell, M.D., Chief of Staff-elect, Sue Carlisle, M.D., UCSF Associate Dean, Sue Currin, Chief Nursing Officer, Myra Garcia, CPCS, CMSC, MSSD Analyst, Kathy Jung, Support Services Administrator, John Luce, M.D., Chair, PIPS, Anson Moon, SFGH Data, Media and Community Relations, Kathy Murphy, Deputy City Attorney, Valerie Ng, M.D., Chief of Staff, Gene O'Connell, SFGHMC Executive Administrator, Roland Pickens, Associate Administrator, Gregg Sass, DPH Chief Financial Officer, Dan Schwager, Director of Medical Staff Services, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 8, 2005**



Action Taken: The Committee approved the February 8, 2005 closed session minutes.

**MEDICAL STAFF REPORT**

Valerie Ng, M.D., Chief of Staff

**CONSIDERATION OF CREDENTIALING MATTERS**

Valerie Ng, M.D., Chief of Staff

Action Taken: The Committee approved the March Credentials Report.

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**

John Luce, M.D., Medical Director SFGH-QM

Hiroshi Tokubo, CHN Director, QM

Sue Currin, RN, Chief Nursing Officer

D) **Reconvene in Open Session**

The Committee reconvened in open session at 4:55 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Committee voted not to disclose discussions held in closed session.

7) **ADJOURNMENT**

The meeting was adjourned at 4:55 p.m.



Michele M. Seaton

Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

\*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

Lee Ann Monfredini  
President

Roma P. Guy, M.S.W.  
Vice President

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Commissioner

James M. Illig  
Commissioner

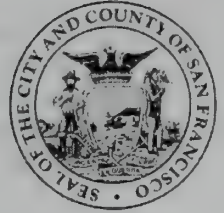
David J. Sánchez, Jr., Ph.D.  
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Commissioner

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## AGENDA

### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, April 12, 2005  
3:45 p.m.  
1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

DOCUMENTS DEPT.

Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

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- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MARCH 8, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**  
*\*Minutes of the meeting of March 8, 2005*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**  
(Activities and operations of SFGHMC)  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**  
(Sue Currin, R.N., Chief Nursing Officer)  
*\*Report*
- 5) **PUBLIC COMMENT\*\***

6) **CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7: Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**ACTION ITEM:**            **APPROVAL OF CLOSED SESSION MINUTES OF MARCH 8, 2005**

**FOR DISCUSSION AND POSSIBLE ACTION:**    **MEDICAL STAFF REPORT**  
Valerie Ng, M.D., Chief of Staff

**FOR ACTION:**            **CONSIDERATION OF CREDENTIALING MATTERS**  
Valerie Ng, M.D., Chief of Staff

**FOR DISCUSSION:**    **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.

\*\* Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

**Disability Access**

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23<sup>rd</sup> Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22<sup>nd</sup> Street and Potrero Avenue.



American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

### **Public Transportation**

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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### MINUTES

#### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, April 12, 2005

3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

DOCUMENTS DEPT.

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#### 1) CALL TO ORDER

Commissioner Umekubo called the meeting to order at 3:45 p.m.

Present: Commissioner John I. Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini

Staff: Andre Campbell, M.D., Sue Carlisle, M.D., Sue Currin, Myra Garcia, Valerie Inouye, Kathy Jung, John Luce, M.D., Alison Moed, Anson Moon, Kathy Murphy, Valerie Ng, M.D., Gene O'Connell, Roland Pickens, Dan Schwager and Hiroshi Tokubo.

#### 2) APPROVAL OF THE MINUTES OF THE MARCH 8, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the March 8, 2005 San Francisco General Hospital Joint Conference Committee.



### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, SFGH Hospital Administrator, presented the Hospital Administrator's Report.

#### Program Updates:

##### San Francisco Behavioral Health Center Update

On March 21, 2005, four surveyors from the Department of Mental Health (DMH) arrived at the Mental Health Rehabilitation Center (MHRC) for its first annual licensing and certification survey. The survey was unannounced. The intent of the first annual survey is to see how well care, treatment and services are provided to the clients in accordance to Title IX and the policies and procedures that the MHRC has developed. In addition, the first annual survey is designed as a consultative visit to assist new programs in developing systems and activities that will be used by the surveyors in the next annual survey. Although deficiencies (areas for improvement) were identified, the DMH staff collaborated with the MHRC staff and provided recommendations as to how to make our program more 'survey friendly'.

Areas for improvement noted were: more encouragement to clients to attend activities and skill building programs, more frequent inventory of client's belongings, more consistency in documentation practices, and tailoring activities and programs to our patient population.

The DMH surveyor team was very complimentary of the staff and program. They stated that for a new MHRC, we were much further along than most programs during their first annual survey, and our MHRC was much easier to survey than most that they have completed.

##### JCAHO Preparedness: Theme of the Week

San Francisco General maintains its level of readiness for the anticipated JCAHO Survey. So far, SFGH has highlighted 14 themes. This week, we are re-emphasizing the importance of the National Patient Safety Goals – not only staff's knowledge of the goals but also the incorporation of the goals in their day-to-day practices. For example, we will suggest to staff that they sing 'Happy Birthday' while washing their hand. This will help staff estimate the time required for meeting hand washing guidelines.

##### Blood Drive

A successful blood drive by the Blood Centers of the Pacific (formerly Irwin Center) was held here at SFGH last week. Additional blood drives will be conducted in the future.

##### Smoke Free Environment

To ensure the safety of the facility, the hospital staff, patients and visitors, SFGH has modified its smoking policy to restrict smoking to two designated areas on campus: eastside of buildings 80/90 and at the flagpole benches in front of the main hospital. Implementation of this change begins next Monday, April 18, 2005.

Compliance with the policy will take time. Enforcement will begin with redirecting patients, visitors and staff to the designated smoking areas. Smoking cessation programs will be advertised. Smoking inside hospital buildings will not be tolerated.

#### 4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

##### 1. RN VACANCY RATE – April 2005

The overall RN vacancy rate for areas reported is **6.3 %**.

As a benchmark measure, CHA data for 3<sup>rd</sup> quarter 2004 (last quarter for which data is available) reports California RN vacancy rate at 11%, Northern California RN vacancy rate at 9.4%, and Southern California RN vacancy rate at 12.5%.

| <i>AREA</i>                                                             | <i>RN VACANCY RATE</i> | <i>NO. VACANT FTE</i>                                                                                  | <i>TRAINING PROGRAMS</i>                                                                                     |
|-------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <i>Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)</i>             | <i>4.1%</i>            | <i>6.6 FTE<br/>1 reassignment to specialty clinics, 1 reassignment to Nsg Admin. Since last report</i> | <i>Interviews scheduled throughout March; 1 LVN to RN promotion in March; 3 new hires starting April TP.</i> |
| <i>Critical Care (includes 4E/5E/5R)</i>                                | <i>14.4%</i>           | <i>15.3 FTE<br/>1 retirement and 1 resignation since last report</i>                                   | <i>Interviews ongoing for April/May hiring as well as for Summer CCTP.</i>                                   |
| <i>Perinatal (includes 6C Birth Center &amp; 6H Infant Care Center)</i> | <i>5.4%</i>            | <i>3.5FTE<br/>1 promotion to CNS since last report.</i>                                                | <i>Candidates identified for 6C vacancies; employment processing pending req release.</i>                    |
| <i>Perioperative (includes OR/PACU/Surgi-center)</i>                    | <i>2.1%</i>            | <i>1.0 FTE secondary to retirement</i>                                                                 | <i>Recruitment ongoing for OR RN</i>                                                                         |

| <b>AREA</b>                                                    | <b>RN VACANCY RATE</b> | <b>NO. VACANT FTE</b>                                                                                          | <b>TRAINING PROGRAMS</b>                                                                                                                                           |
|----------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Emergency                                                      | 7.0%                   | 5.0 FTE<br>Two resignations since last report; these reqs identified for Moore Grant Internship TP/Summer 2005 | RN reassign from JHS; 3 new P103 hires; 5 new RN hires starting April TP; two former RN staff seeking reinstatement following resignation – paperwork in process.. |
| Psychiatry (includes PES & acute inpatient units only)         | 6.3%                   | 7.5 FTE                                                                                                        | interviews ongoing; 1 AsNeeded LPT and 3 P103 RNs hired                                                                                                            |
| Clinics<br>incl. Specialty clinics/ hosp. based Primary Care). | 1.0%                   | 0.6 FTE<br>(mostly partials in various clinics as follows: .4 -1M clinic, .2 -5M clinic, .1 4C ISIS clinic)    |                                                                                                                                                                    |
| <b>TOTALS</b>                                                  | <b>6.5%</b>            | <b>39.5 FTE</b>                                                                                                |                                                                                                                                                                    |

## 2. COMPLIANCE WITH RATIO STAFFING REQUIREMENTS

By Number of Shifts. 3/01/05 TO 3/24/05

|                                       | <b>Critic<br/>Care</b> | <b>PACU</b> | <b>Medical<br/>Surgical</b> | <b>Pedi-<br/>atrics</b> | <b>Peri-<br/>natal</b> | <b>Psych-<br/>iatry</b> | <b>ED</b> |
|---------------------------------------|------------------------|-------------|-----------------------------|-------------------------|------------------------|-------------------------|-----------|
| Area unable to meet minimum ratios    | 0                      | 0           | 0                           | 0                       | 0                      | 7*                      | 0         |
| Area unable to cover breaks           | 0                      | 0           | 1                           | 0                       | 0                      | 3                       | 0         |
| Surgeries postponed related to ratios | 0                      | 0           | 0                           | 0                       | 0                      | 0                       | 0         |



|                                                |   |   |     |   |   |   |   |
|------------------------------------------------|---|---|-----|---|---|---|---|
| Admissions held related to ratios              | 0 | 0 | 0   | 0 | 0 | 0 | 0 |
| Beds closed / ED zone closed related to ratios | 0 | 0 | 1** | 0 | 0 | 0 | 0 |
| ED diversion related to ratios                 | 0 | 0 | 0   | 0 | 0 | 0 | 0 |

\* Related to sick calls and AWOL staff and one staff med. emergency  
Plan: Managers following up on disciplinary issues

\*\* 3/20/05 Related to sick calls, short staffing. 7 beds closed for the night shift.

### 3. RECRUITMENT AND RETENTION

**Gillian Otway RN, BSN** began her new position as Manager for Nursing Retention and Recruitment. Gillian was the Nurse Manager on Unit 5A for the past three years. In addition to managing retention and recruitment programs, Gillian will contribute to the development and implementation of the RN Internship Program. This change will allow Leslie Holpit to devote most of her hours to the Internship Program.

**Moore RN Internship Program:** The third Preceptor Training class was completed on 3/8/05 with 19 RN participants. A total of 61 RNs have completed the training. The Preceptor Training curriculum was presented to nurse leaders at several meetings throughout the month to include the input of all stakeholders. The Nurse Managers will be offered a preceptor training to review the curriculum since managers are responsible for supervising and evaluating the preceptors. Curriculum committees for critical care, emergency and medical-surgical specialties were convened during March to begin the process of curriculum development for the new graduate RNs that will begin the Internship Program this coming summer. Applications for hire into the Internship Program were sent to Bay Area ADN Programs in March. Applications are due April 18.

Sue Currin, Gillian Otway and Leslie Holpit attended the Grantee Summit held at the Gordon and Betty Moore Foundation on March 15. Each organization that received a Moore Grant in 2004 attended the Summit and presented their progress to date on their projects. The Summit was very informative and presented great opportunities for networking. The Moore Nursing Initiative is already creating a significant impact in Bay area Nursing Schools through the development of new RN programs.

**Career Fairs:** College of San Mateo and San Francisco State career fairs were attended during March. Response was very positive at San Mateo. Unfortunately, the San Francisco State fair was picketed by students due to military recruiter attendance and there was no contact with nursing students.

### 4. COURT RULINGS: NURSING RATIOS

In November 2004, the California Department of Health Services (DHS) filed emergency changes to the ratio law. The changes maintained the 1:6 nurse to patient ratio in medical/surgical units until 2008. In addition, the changes provided for emergency departments to temporarily flex staffing

ratio requirements in the event of an unforeseeable influx of patients. Also, the requirement to maintain ratios "at all time" was clarified to include whenever the nurse is on the unit and available for patient care (the original regulation required ratio coverage for breaks). DHS made the emergency changes based on the effects of the ratio regulations in 2004: closure of hospitals, emergency departments or psychiatric units, closure of inpatient beds, and the worsening nursing shortage.

March 14, 2005, the California Nurses Association (CNA) was granted a preliminary injunction by Superior Court to invalidate the emergency DHS regulation. CNA argued that the regulation exceeded the scope of authority of DHS and the finding of "emergency" was arbitrary and unsupported by evidence. The impact of the injunction initiates a 1:5 nurse to patient ratio on medical/surgical units and revokes the other emergency provisions.

March 17, 2004, the California Hospital Association (CHA) and DHS filed a notice of appeal and requested an immediate postponement of the injunction. CHA is hopeful that the appeals court will issue a decision within several days.

The impact to San Francisco General Hospital will be in the medical/surgical units particularly in providing 1:5 nurse to patient ratios for break coverage. Roving nurse positions are being filled to provide for flexible coverage as needed seven days a week from 10am to 10pm. Other areas impacted include acute psychiatry and the emergency department.

## 5. VIDEOCONFERENCE MEDICAL INTERPRETATION

Approximately 20% of all patients at SFGHMC do not speak English; there are over 58,00 requests for language assistance that our interpreter services respond to on a yearly basis. In response to an ever-increasing demand for interpreter services, we have recently implemented a Videoconferencing Medical Interpretation (VMI) system, with grant monies from The California Endowment. VMI refers to the provision of medical interpretation through a videoconference call -- the provider and patient on one end using a simple, mobile video unit and the interpreter on the other end using a stationary unit in the interpreter services office. **The primary purpose is to improve the communication between limited English-proficient (LEP) patients and providers by increasing access to interpreter services and considerably shortening the wait time.**

The VMI project was initiated January 2005 in the General Medical Clinic (a high user of Interpreter services). We are now in the process of expanding to other sites and will evaluate of the effects of VMI on costs, waiting times, and provider-patient satisfaction.

The efficiencies promised by VMI include:

- Walking / traveling time of the in-person interpreter is eliminated
- Engaged waiting time (the time interpreter is waiting for the provider/ patient to be ready or when the resident is consulting with their attending physician, etc.) can be shortened
- Economies of scale can be achieved by collaborating with other institutions and sharing interpreters through VMI.

SFGH and Alameda County Medical Center (ACMC) plan on testing this collaboration of sharing interpreters in May of 2005. We hope to conduct a limited number of VMI interpretations between SFGH and ACMC in order to test connectivity between the two county public health systems. This will help us to evaluate the ability/feasibility of sharing and exchanging language resources between our two health systems via VMI.



## 6. TRAUMA SURVEY

San Francisco General Hospital completed an American College of Surgeons, Committee on Trauma (ACSCOT) Level I Trauma Center Re-verification Focused Survey on March 18<sup>th</sup>, 2005. The site visit was conducted by two nationally recognized Trauma Surgeons: Dr Gregory Jurkovich, Trauma Medical Director of Harborview Medical Center in Seattle and Dr. Robert Coscia, Chair – ACSCOT Verification Review Program. The purpose of the survey was to validate resolution of the 6 criteria deficiencies that were identified during the initial Re-verification survey in March 2004.

A detailed pre-review report was developed by Dr. Robert Mackersie and Patti O'Connor RN, MS and forwarded to the surveyors in preparation for the site visit. It contained the following items:

- SFGH ACS History
- Trauma Program Changes since the last survey
- Summary of the criteria deficiencies/ corrective measures
- Summary of identified weaknesses/ corrective measures
- Documentation supporting the corrective measures.

In order to complete a comprehensive review of the quality and timeliness of the Trauma Panel documentation, the surveyors requested the availability of 150 medical records. The Trauma Program processed the charts so that all related diagnostic reports, daily attending/ resident progress notes, discharge summaries, PI recommendations and individual Trauma Registries were attached to the medical records.

The survey opened with a discussion/ clarification of the information that was included in the pre-review report. The surveyors then spent approximately 4 hours reviewing 20 – 30 charts and also examining the Trauma Program 2004 – 2005 Performance Improvement Project.

In the exit interview, the surveyors discussed their preliminary findings. They concluded that there was resolution of all six criteria deficiencies and that the chart documentation had “markedly improved.” They also noted that the Trauma PI Program continues to be “strength.” The surveyors will complete a written report, which will be presented to the entire ACSCOT in approximately 6 weeks. That membership will make the final decision re: re-verification status of the Trauma Center. The site surveyors indicated that they did not foresee any committee changes to their recommendation.

### Commissioners' Comments

- Commissioner Umekubo asked if videoconferencing medical interpretation is still a pilot project. Ms. Currin replied that the pilot project was successful and they are moving to full implementation. Commissioner Umekubo asked if this would increase the capacity to provide interpretation to patients. Mr. Pickens said when the program is fully implemented it would allow for more interpretation with the same number of staff. In addition, it would eliminate travel time to health centers.

## 5) PUBLIC COMMENT

None.



6) **CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session

None.

- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:05 p.m. Present in the closed session were Commissioner Umekubo, Andre Campbell, M.D., Chief of Staff-elect, Sue Carlisle, M.D., UCSF Associate Dean, Sue Currin, Chief Nursing Officer, Myra Garcia, CPCS, CMSC, MSSD Analyst, Kathy Jung, Support Services Administrator, John Luce, M.D., Chair, PIPS, Alison Moed, Director of Risk Management, Anson Moon, SFGH Data, Media and Community Relations, Kathy Murphy, Deputy City Attorney, Valerie Ng, M.D., Chief of Staff, Gene O'Connell, SFGHMC Executive Administrator, Roland Pickens, Associate Administrator, Dan Schwager, Director of Medical Staff Services, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**APPROVAL OF CLOSED SESSION MINUTES OF MARCH 8, 2005**

Action Taken: The Committee approved the March 8, 2005 closed session minutes.

**MEDICAL STAFF REPORT**

Valerie Ng, M.D., Chief of Staff

**CONSIDERATION OF CREDENTIALING MATTERS**

Valerie Ng, M.D., Chief of Staff

Action Taken: The Committee approved the April Credentials Report.

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**

John Luce, M.D., Medical Director SFGH-QM

Hiroshi Tokubo, CHN Director, QM

Alison Moed, Director of Risk Management

Sue Currin, RN, Chief Nursing Officer

- D) Reconvene in Open Session

The Committee reconvened in open session at 4:44 p.m.


1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Committee voted not to disclose discussions held in closed session.

7) **ADJOURNMENT**

The meeting was adjourned at 4:45 p.m.



Michele M. Seaton  
Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

\*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

**City and County of San Francisco  
HEALTH COMMISSION  
Department of Public Health  
101 Grove Street, Room #311  
San Francisco, CA 94102**

**(Address Correction Requested)**

**FIRST CLASS MAIL**



Lee Ann Monfredini  
President

Roma P. Guy, M.S.W.  
Vice President

Edward A. Chow, M.D.  
Commissioner

James M. Illig  
Commissioner

David J. Sánchez, Jr., Ph.D.  
Commissioner

Donald E. Tarver, II, M.D.  
Commissioner

John I. Umekubo, M.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

Michele M. Seaton  
Executive Secretary

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### AGENDA

#### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, May 10, 2005  
3:45 p.m.  
1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

05-07-05 10:41:10

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE APRIL 12, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**  
*\*Minutes of the meeting of April 12, 2005*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**  
(Activities and operations of SFGHMC)  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**  
(Sue Currin, R.N., Chief Nursing Officer)  
*\*Report*
- 5) **PUBLIC COMMENT\*\***

6) **CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**ACTION ITEM:**            **APPROVAL OF CLOSED SESSION MINUTES OF APRIL 12, 2005**

**FOR DISCUSSION**        **MEDICAL STAFF REPORT**  
**AND POSSIBLE**           Valerie Ng, M.D., Chief of Staff  
**ACTION:**

**FOR ACTION:**           **CONSIDERATION OF CREDENTIALING MATTERS**  
Valerie Ng, M.D., Chief of Staff

**FOR DISCUSSION:**    **CONSIDERATION OF PEER REVIEW, QUALITY OF**  
**CARE AND PERFORMANCE IMPROVEMENT**  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.

\*\* Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

**Disability Access**

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23<sup>rd</sup> Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22<sup>nd</sup> Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

### **Public Transportation**

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: [Donna\\_Hall@ci.sf.ca.us](mailto:Donna_Hall@ci.sf.ca.us).

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:

[www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html](http://www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html)





Lee Ann Monfredini  
President

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Vice President

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Commissioner

James M. Illig  
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David J. Sánchez, Jr., Ph.D.  
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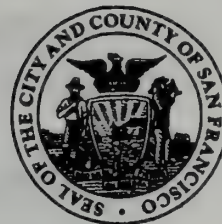
Donald E. Tarver, II, M.D.  
Commissioner

John I. Umekubo, M.D.  
Commissioner

## HEALTH COMMISSION

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### MINUTES

#### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, May 10, 2005

3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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#### 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 4:00 p.m.

Present: Commissioner Lee Ann Monfredini, President  
Commissioner John I. Umekubo, M.D., Member  
Commissioner Donald E. Tarver, M.D.

Staff: Andre Campbell, M.D., Sue Currin, Myra Garcia, Valerie Inouye, Kathy Jung, Sharon Kotabe, Pharm. D., John Luce, M.D., Alison Moed, Anson Moon, Kathy Murphy, Valerie Ng, M.D., Gene O'Connell, Dan Schwager.

#### 2) APPROVAL OF THE MINUTES OF THE APRIL 12, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the April 12, 2005 San Francisco General Hospital Joint Conference Committee.

### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, SFGH Hospital Administrator, presented the Hospital Administrator's Report.

#### Program Updates:

##### **Hearts in San Francisco Project - Call for Grant Proposals**

With money raised from the "Hearts in San Francisco" Project, the San Francisco General Hospital Medical Center Foundation will be awarding \$1,000,000 in grants to programs and services that supports the Hospital. Solicitation for grant applications has begun. Proposals are due July 15, 2005 and grant awards will be announced on September 22, 2005 at the 1001 Club Staff Appreciation barbecue. The number of grant awards will be dependent upon availability of funds.

Priority will be given to projects that have significant importance to the hospital, a clear need for external funding, and benefit multiple services. Priority will also be given to proposals that are self-sustaining, with matching funds, and that do not supplant funding from the San Francisco City and County.

##### **SFGH Receives AMA Hospital Recognition Program for Innovative Patient-Centered Communication**

With much thanks to Dr. Dean Schillinger from the Department of Medicine, San Francisco General Hospital was one of eight sites (from a pool of 80 nominated hospitals), selected by the American Medical Association and the Ethical Force Program in recognition of innovative work to support patient-centered communication. This award means that San Francisco General will:

- Be recognized on the AMA's Web site
- Receive a plaque recognizing our efforts
- Be included in a report to the Commonwealth Fund that outlines promising practices for patient-centered communication.
- Receive a two-day on-site visit from AMA and Health Research and Educational Trust staff.

##### **SFGH Successfully Completes Cancer Program Survey**

On Friday, May 6, the American College of Surgeons conducted an accreditation survey of the SFGH Cancer Program, which is a voluntary accreditation program. A physician surveyor spent several hours meeting with the SFGH Cancer Committee to review compliance with standards in eight program areas. These areas include Cancer Committee leadership, clinical management, the cancer registry, research, professional education, community outreach, support services, and quality improvement. Additionally, the surveyor reviewed medical records and visited the Avon Breast Center on campus. The hospital passed the survey successfully, with commendation in several areas. The successful survey can be attributed to the excellent leadership of the Cancer Committee and the committed staff from many disciplines that provide cancer care to our patients.

##### **Dr. John Cello, Recipient of 2005 Distinguished Educator Award**

The American Gastroenterological Association (AGA) has named John P. Cello, MD, the recipient of its 2005 Distinguished Educator Award for his accomplishments during his career in gastroenterology. The AGA Distinguished Educator Award honors an individual who has made



outstanding contributions as an educator in gastroenterology on both local and national levels. Contributions may include longtime efforts dedicated to training fellows; publishing educational documents and/or teaching seminars and classes. Congratulation to Dr. Cello.

### Gene O'Connell Named One of 100 Most Influential Women in Business in the Bay Area

For the third year in a row, the San Francisco Business Times named Gene O'Connell one of the 100 Most Influential Women in Business in the Bay Area. She and the other honorees will be featured in a special edition in the April 29 issue of the paper.

#### Commissioners' Comments

- Commissioner Monfredini asked how the grant requests would be reviewed prior to being submitted to the Foundation, to ensure that they are consistent with budget priorities. Ms. O'Connell replied that all requests must be approved by a Chief of Service and discussed at the Medical Executive Committee. Commissioner Monfredini congratulated Ms. O'Connell.
- Commissioner Tarver asked if the program for Innovative Patient-Centered Communication could be disseminated to other areas in the Health Department, and if he could receive a copy.

#### 4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

##### 1. RN VACANCY RATE – May 2005

The overall RN vacancy rate for areas reported is **6.88 %**.

As a benchmark measure, CHA data for 3<sup>rd</sup> quarter 2004 (last quarter for which data is available) reports California RN vacancy rate at 11%, Northern California RN vacancy rate at 9.4%, and Southern California RN vacancy rate at 12.5%.

| <b>AREA</b>                                                             | <b>RN VACANCY RATE</b> | <b>NO. VACANT FTE</b>                                                                         | <b>TRAINING PROGRAMS</b>                                                           |
|-------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <i>Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)</i>             | 4.1%                   | 8.2 FTE                                                                                       | Interviews scheduled for May for Summer Training Program                           |
| <i>Critical Care (includes 4E/5E/5R)</i>                                | 15.4%                  | 16.3 FTE                                                                                      | Interviews ongoing for May hiring as well as for Summer Training Program.          |
| <i>Perinatal (includes 6C Birth Center &amp; 6H Infant Care Center)</i> | 7.8%                   | 5.1FTE<br>Reqs identified for Moore Grant RN Internship Training program starting Summer 2005 | Candidates identified for 6C vacancies; employment processing pending req release. |
| <i>Perioperative (includes OR/PACU/Surgi-center)</i>                    | 4.2%                   | 2.0 FTE                                                                                       | Recruitment ongoing for Summer OR Training Program.                                |

|                                                                           |              |                                                                                                                     |                                                         |
|---------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>Emergency</i>                                                          | 7.0%         | 4.2 FTE<br>These reqs identified<br>for Moore Grant RN<br>Internship Training<br>Program/Summer 2005                | Interviews in process<br>for Summer Training<br>Program |
| <i>Psychiatry (includes PES<br/>&amp; acute inpatient units<br/>only)</i> | 6.3%         | 7.5 FTE                                                                                                             | Interviews ongoing                                      |
| <i>Clinics (incl. Specialty<br/>clinics/hosp.based<br/>Primary Care).</i> | 1.0%         | 0.6 FTE<br>(mostly in various<br>clinics as follows: .<br>4 – 1M clinic, .2 – 5M<br>clinic, .1 – 4C ISIS<br>clinic) |                                                         |
| <b>TOTALS</b>                                                             | <b>7.15%</b> | <b>43.9 FTE</b>                                                                                                     |                                                         |

## 2. COMPLIANCE WITH RATIO STAFFING REQUIREMENTS

The table lists the number of shifts and the reasons for non-compliance in each nursing area between 4/01/05 and 4/27/05.

|                                                   | Care | PACU | Medical<br>Surgical | Pediatrics | Perinatal | Psychiatry | ED |
|---------------------------------------------------|------|------|---------------------|------------|-----------|------------|----|
| Area unable to meet<br>minimum ratios             | 0    | 0    | 3**                 | 0          | 0         | 2*         | 0  |
| Area unable to cover breaks                       | 0    | 0    | 0                   | 0          | 0         | 3          | 0  |
| Surgeries postponed related<br>to ratios          | 0    | 0    | 0                   | 0          | 0         | 0          | 0  |
| Admissions held related to<br>ratios              | 0    | 0    | 0                   | 0          | 0         | 0          | 0  |
| Beds closed / ED zone<br>closed related to ratios | 0    | 0    | 0                   | 0          | 0         | 0          | 0  |
| ED diversion related to<br>ratios                 | 0    | 0    | 0                   | 0          | 0         | 0          | 0  |

\* Related to sick calls

\*\* 4/2/05 5A 1:5.5 ratio    4/5/05 7D 1:6 ratio    4/10/05 5A 1:5.5 ratio



### 3. RECRUITMENT AND RETENTION

#### *NurseWeek Career Fair:*

Staff representing SFGHMC attended the NurseWeek Career Fair on April 14 at Fort Mason. The turnout was very good. There were many inquiries from RNs interested in the ED, medical-surgical and Critical Care nursing positions.

#### *Nurses Week:*

Activities are planned to begin May 5 with an evening reception at the hospital to recognize the contributions of the nursing staff. Two Dorothy Washington Scholarships will be awarded and one DAISY Award will be given to a staff nurse. Additionally, the first "Friend of Nursing" Award will be presented to an individual whose work has had a significant positive impact for SFGHMC Nursing Services. Nursing staff will receive pins to be worn on their ID or uniform. These pins acknowledge the nursing staff for the time, patience and expert care they give to every patient. The second Nurse Week event is a presentation by Susan McDaniel Hohenhaus titled "Fix the System, Not the Blame: Embracing a Culture of Safety in Patient Care" on May 13th. Nursing leaders from throughout DPH are invited to attend.

#### *John Fazio, ED CNS is being inducted into the Emergency Nurses Association Academy of Emergency Nursing:*

John Fazio, RN, MS, CNS has recently been inducted into the inaugural class for the Academy of Emergency Nursing Fellows. The Fellows will be recognized for their longstanding contributions in the areas of education, clinical practice, research, leadership, or public policy at the inaugural ceremony on September 16, 2005 in Nashville Tennessee. John is a recognized national speaker and instructor on various topics such as Trauma, Pediatrics, Leadership, and Cardiac Care. John's career with the City and County of San Francisco started in 1986 when he joined the Emergency Department staff as a Per Diem Registered Nurse. After graduating from UCSF Masters Program in 1989, he accepted the Clinical Nurse Specialist position in the Emergency Department. In addition to his SFGHMC professional life, John has a consulting business as well as a flower shop.

#### *Moore RN Internship Program:*

Applications have been received from new graduates for the program beginning this summer. New graduates will be hired into Critical Care, the Birth Center and the ED. Planning is on track for the program.

#### *VISA Sponsorships*

Twenty-three foreign educated and trained RN's under visa sponsorship have been hired to work at SFGHMC since February 2004. Fifteen are from the Philippines, two from Russia, and one each from India, Japan, China, Spain, Nepal and New Zealand. The new INS Retrogression law enacted 1/1/05 has slowed down the petition process for nurses from the Philippines, China and India from 90 days to two years. If HR 139/Lantos passes, RN's from the Philippines, China and India will be allowed to apply for sponsorships on unused employment-based visas allocated to other countries.

#### *790 Contract Negotiations*

The bargaining teams for the RN contract negotiations started meeting on March 24, 2005. Proposals were forwarded and are currently being reviewed by respective teams. In addition to economic proposals, Local 790 also expressed concerns regarding staffing and safety. Both parties expect to complete the negotiations by May 26, 2005.



#### 4. CANCER ACS SURVEY:

On May 6, 2005, SFGHMC will have a Cancer Program Survey conducted by the American College of Surgeons Commission on Cancer. The primary effort in preparing for this survey rests with the SFGHMC Cancer Committee, a medical staff committee composed of physicians (representing Oncology, Medicine, Surgery, OB/GYN, Pathology, and other specialties), nurses, clinical nutritionists, social workers, medical records cancer registrar, QM analysts, and the CNO. Self-assessment activities indicate that SFGHMC will be found in compliance with all 2004 Cancer Program Standards, which include Cancer Committee leadership, cancer data management, clinical management, research, community outreach, professional education, and quality improvement.

Ms. Currin added that, for the first time ever, SFGH had to admit acute psychiatric patients to the med/surg unit because there were no acute psych. beds available in the city. Six patients were selected from the 12 that were waiting. All psych. patients are now out of Med Surg. Staff responded excellently to this situation. There is a meeting scheduled for Monday with Community Behavioral Health Services to discuss developing a red alert and yellow alert system for psychiatric patients.

#### Commissioners' Comments

- Commissioner Monfredini would like staff to research why St. Luke's did not have any beds available, particularly since St. Luke's has talked about closing its acute psychiatric facility because their beds are never at capacity. It is unacceptable if they had beds but would not accept patients from SFGH.

#### 5) PUBLIC COMMENT

None.

#### 6) CLOSED SESSION:

##### A) Public comments on all matters pertaining to the closed session

None.

##### B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:25 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Umekubo, Commissioner Tarver, Andre Campbell, M.D., Chief of Staff-elect, Sue Currin, Chief Nursing Officer, Myra Garcia, CPCS, CMSC, MSSD Analyst, Kathy Jung, Support Services Administrator, Sharon Kotabe, Pharm. D., Director of Pharmacy, John Luce, M.D., Medical Director, Quality Improvement, Chair, PIPS, Alison Moed, Director of Risk Management, Anson Moon, SFGH Data, Media and Community Relations, Kathy Murphy, Deputy City Attorney, Valerie Ng, M.D., Chief of Staff, Gene O'Connell, SFGHMC Executive Administrator, Dan Schwager, Director of Medical Staff Services and Michele Seaton, Health Commission Executive Secretary.

- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**ACTION ITEM:**            **APPROVAL OF CLOSED SESSION MINUTES OF APRIL 12, 2005**

Action Taken:    The Committee approved the April 12, 2005 closed session minutes.

**FOR DISCUSSION**        **MEDICAL STAFF REPORT**  
**AND POSSIBLE**           Valerie Ng, M.D., Chief of Staff  
**ACTION:**

**FOR ACTION:**            **CONSIDERATION OF CREDENTIALING MATTERS**  
Valerie Ng, M.D., Chief of Staff

Action Taken:    The Committee approved the May Credentials Report.

**FOR DISCUSSION:**    **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**  
John Luce, M.D., Medical Director SFGH-QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

The Committee reconvened in open session at 5:30 p.m.

1.    Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2.    Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken:    The Committee voted not to disclose discussions held in closed session.

7) **ADJOURNMENT**

The meeting was adjourned at 5:30 p.m.



Michele M. Seaton

Executive Secretary to the Health Commission

**These minutes will be approved at the next SFGH Joint Conference Committee.**

**\*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**



Lee Ann Monfredini  
President

Roma P. Guy, M.S.W.  
Vice President

Edward A. Chow, M.D.  
Commissioner

James M. Illig  
Commissioner

David J. Sánchez, Jr., Ph.D.  
Commissioner

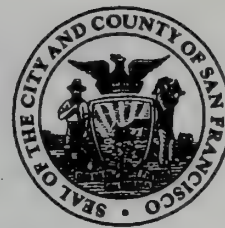
Donald E. Tarver, II, M.D.  
Commissioner

John I. Umekubo, M.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

Michele M. Seaton  
Executive Secretary

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### AGENDA

#### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, June 14, 2005

3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

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- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MAY 10, 2005  
SAN FRANCISCO GENERAL HOSPITAL JOINT  
CONFERENCE COMMITTEE MEETING**  
*\*Minutes of the meeting of May 10, 2005*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**  
(Activities and operations of SFGHMC)  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**  
(Sue Currin, R.N., Chief Nursing Officer)  
*\*Report*
- 5) **PUBLIC COMMENT\*\***

6) **CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**ACTION ITEM:**            **APPROVAL OF CLOSED SESSION MINUTES OF MAY 10, 2005**

**FOR DISCUSSION**        **MEDICAL STAFF REPORT**  
**AND POSSIBLE**           Valerie Ng, M.D., Chief of Staff  
**ACTION:**

**FOR ACTION:**           **CONSIDERATION OF CREDENTIALING MATTERS**  
Valerie Ng, M.D., Chief of Staff

**FOR DISCUSSION:**    **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) **Reconvene in Open Session**

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

- \* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.
- \*\* Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

**Disability Access**

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23<sup>rd</sup> Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22<sup>nd</sup> Street and Potrero Avenue.



American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

### **Public Transportation**

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: [sotf@sfgov.org](mailto:sotf@sfgov.org).

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:

[www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html](http://www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html)





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### MINUTES

#### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, June 14, 2005  
3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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#### 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:50 p.m.

Present: Commissioner Lee Ann Monfredini, President  
Commissioner John I. Umekubo, M.D., Member

Staff: Andre Campbell, M.D., Sue Carlisle, M.D., Sue Currin, Myra Garcia, John Luce, M.D., Alison Moed, Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Valerie Ng, M.D., Gene O'Connell, Roland Pickens, Dan Schwager and Hiroshi Tokubo.

#### 2) APPROVAL OF THE MINUTES OF THE MAY 10, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the May 10, 2005 San Francisco General Hospital Joint Conference Committee.

### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, SFGH Hospital Administrator, presented the Hospital Administrator's Report.

#### Program Updates:

##### Introduction of Iman Nazeeri-Simmons

Ms. O'Connell introduced and welcomed Iman Nazeeri-Simmons, who, as of last week, joined the Hospital's Executive Staff. People may know Iman from her past work with the Department, in Population Health and Prevention, as the Adolescent Health Coordinator. With Iman's background, skills and expertise, Ms. O'Connell expects that we will be able to move forward on many of the projects and efforts that have been deferred over the last year.

##### Diabetes Outreach at Carnaval

Amalia Fyles, Diabetic Nurse in the Adult Medical Center, led SFGH's participation in the American Diabetic Association's outreach efforts to the Latino community during the recent 2-day long Carnaval festival. Working alongside with Amalia were nutritionist Martha Dominguez, who organized other nutritionists to present nutritional information with games and prizes; Maria Molina, Sonia Erazo, and Ramon Garcia, educators who explained prevention to the masses; Dr. Hernandez, Dr. Hellerstein, and Dr. Wheeler, who evaluated and counseled new onset diabetics or poorly controlled diabetics; and nurses from the 1M clinics, public health nurses, and pharmacy students, who worked tirelessly on glucose screenings.

Information was given out to at least a thousand people - 95% of whom were Latinos. 300 people had blood pressure and cholesterol checks and 600 people were screened for diabetes. 32 people had impaired glucose ( $>140 < 200$ ), and 15 were found with blood sugar  $>200$ . These people, who had no history of diabetes, were counseled and referred to their primary care providers or give a list of our clinics. There were 5 people with blood sugar level  $>250$ , and they were referred to their primary care provider and also to our Urgent Care Center. Finally, 23 diabetics were screened, 75% had blood sugar  $>200$  - one sent to Urgent Care with blood sugar  $>300$  - no insurance, not PCP, new immigrant, no medication for a month - did not know where to go.

##### Mayor's Blue Ribbon Committee on SFGH Future Location

The first meeting of the Mayor's Blue Ribbon Committee on SFGH Future Location, chaired by Dr. Sandra Hernandez and co-chaired by Dr. Mitchell Katz, was held June 2, 2005. 22 of the 25 members were presented. The Committee's goal was reiterated - to develop a strong consensus opinion with respect to which location (Mission Bay or Potrero) option is preferable for San Francisco General Hospital.

The main purpose of this first meeting was to bring all members up to speed with the issue. Gene O'Connell presented an overview of the hospital, and Dr. Katz briefed the members of past rebuild planning efforts relating to: (1) State regulatory requirements, (2) rebuild steering committee process and (3) location scenarios. Some issues were introduced including research, construction and future operational cost, UCSF's future plans for Mission Bay, and impact (pros and cons) on patients and staff.

The next meeting is scheduled for June 30, 2005.



#### SFGH abstract selected for presentation at APHA Annual Meeting

Gloria Garcia-Orme's abstract, titled "Videoconference Technology Applied to Medical Interpretation: Initial Findings and Implications" has been selected for oral presentation during the 133rd Annual Meeting of the American Public Health Association.

#### SFBHC Adult Rehabilitation Facility Opens

The San Francisco Behavioral Health Center Adult Rehabilitation Facility began operations last week on June 6. Currently, the SFBHC has 10 residents and expect to have four more by the end of this week.

#### SFGH Awarded Certificate of Verification As Level 1 Trauma Center

The American College of Surgeons has verified SFGH as a Level 1 trauma center for both adults and pediatric. In his congratulatory letter, Dr. Coscia, Chairman of the Verification Review Programs, wrote "We congratulate San Francisco General Hospital on its continued and demonstrated commitment to provide trauma care to its patients." I would like to congratulate Dr. Mackersie, Patricia O'Connor and the other members of our Trauma Program, and thank them for all their hard work.

#### 4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

##### 1. RN VACANCY RATE – June 2005

The overall RN vacancy rate for areas reported is 8.2%.

As a benchmark measure, CHA data for 3<sup>rd</sup> quarter 2004 (last quarter for which data is available) reports California RN vacancy rate at 11%, Northern California RN vacancy rate at 9.4%, and Southern California RN vacancy rate at 12.5%.

| <b>AREA</b>                                                 | <b>RN VACANCY RATE</b> | <b>NO. VACANT FTE</b> | <b>TRAINING PROGRAMS</b>                                                          |
|-------------------------------------------------------------|------------------------|-----------------------|-----------------------------------------------------------------------------------|
| <i>Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)</i> | 7.0%                   | 11.6 FTE              | <i>Interviews scheduled for Summer Training Program</i>                           |
| <i>Critical Care (includes 4E/5E/5R)</i>                    | 13.99%                 | 14.5 FTE              | <i>Interviews ongoing for June hiring as well as for Summer Training Program.</i> |

|                                                                             |              |                                                                                                                                                                    |                                                                                               |
|-----------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <i>Perinatal<br/>(includes 6C Birth Center &amp; 6H Infant Care Center)</i> | <i>6.5%</i>  | <i>4.2 FTE<br/>Reqs identified for Moore Grant RN Internship Training program starting Summer 2005</i>                                                             | <i>Candidates identified for 6C vacancies; employment processing pending IP or RN license</i> |
| <i>Perioperative<br/>(includes OR/PACU/Surgicenter)</i>                     | <i>5.68%</i> | <i>2.9 FTE</i>                                                                                                                                                     | <i>Recruitment ongoing for Summer OR Training Program.</i>                                    |
| <i>Emergency</i>                                                            | <i>8.57%</i> | <i>6.0 FTE<br/>These reqs identified for Moore Grant RN Internship Training Program/Summer 2005</i>                                                                | <i>Interviews in process for Summer Training Program</i>                                      |
| <i>Psychiatry<br/>(includes PES &amp; acute inpatient units only)</i>       | <i>9.71%</i> | <i>9.0 FTE<br/>Some of these reqs (5.5 FTE) identified for deletion in FY 05/06 budget</i>                                                                         | <i>Interviews ongoing for remaining positions</i>                                             |
| <i>Behavioral Health Center</i>                                             | <i>0.0%</i>  | <i>0.0 FTE</i>                                                                                                                                                     |                                                                                               |
| <i>Clinics<br/>(incl. Specialty clinics/ hosp. based Primary Care).</i>     | <i>3.29%</i> | <i>1.9 FTE<br/>(mostly partials in various clinics as follows: .4 in 1M clinic. .2 in 5M clinic, .3 in Urgent Care and 1.0 in 4C/Burn &amp; Wound Care clinic)</i> | <i>Recruitment ongoing</i>                                                                    |
| <b>TOTALS</b>                                                               | <b>8.1%</b>  | <b>50.1 FTE</b>                                                                                                                                                    |                                                                                               |



## 2. COMPLIANCE WITH RATIO STAFFING REQUIREMENTS

|                                    | Critical Care | PACU | Medical Surgical | Pediatrics | Perinatal | Psychiatry |
|------------------------------------|---------------|------|------------------|------------|-----------|------------|
| Area unable to meet minimum ratios | 0             | 0    | 2                | 1          | 0         | 3          |

## 3. RECRUITMENT AND RETENTION

### *Nurses Week*

The SFGH Nurses Week reception was held on May 5. Dianna Yanez RN of the Birth Center was presented with the DAISY award for her extraordinary work on 6C for 11 years. Her continuous advocacy on behalf of her patients was noted in her nomination. Dorothy Washington Scholarships were presented to Allison Joy Alborno RN, also from 6C and Ngozi Onyike LVN from 5A. Allison is pursuing her Perinatal CNS degree and Ngozi is pursuing a BSN at Dominican University. (Of note, inaugural Dorothy Washington Scholarship winner Giselle Burgos graduates June 3, 2005 from UCSF with her Master's degree in Perinatal Nursing. She plans to continue working on 5M.)

La Francine Tate was presented with the first annual "Friends of Nursing at SFGH" award for her contributions to the Nursing profession at SFGH and throughout California. All SFGH nursing staff were commended for their contributions in the recent JCAHO survey and the continued delivery of outstanding patient care.

### *Recruitment*

The City College RN job fair was attended on April 29. Many inquiries were received from students graduating this May as well as current students interesting in working as public service aides while in school. At present, 11 student nurses are processing for as needed employment beginning in the summer. These positions have proved to be great recruitment tools with 4-5 current students interviewing for RN jobs beginning this summer. Gillian Otway attended the Jewish Vocational Services focus group on May 10 to give input on the development of the RN Refresher course by CVS and City College.

### *RN Internship Program*

Seventeen RNs from medical-surgical nursing will begin the Clinical Enrichment component of the program next week. These 17 RNs will complete up to 108 hours of additional training over the next six months to enhance their clinical skills and begin development of leadership skills. Classes begin on June 8 with cultural diversity training and a focus on interpersonal and professional communication. In July, participants will receive classes on RN role and physical assessment. Participants will also meet their mentors who will focus on career support and development.

### *UHC Initiative*

Nursing Services will participate in the Nursing Work Environment Implementation Support Project with member hospitals of the University Hospital Consortium. The goals of the project are to improve nursing retention and to implement or improve shared governance. At present, SFGH Nursing Services are involved in multiple efforts focusing on retention, therefore this project will work to improve a current initiative based on feedback in conference calls with other participants. The Retention and Recruitment Committee will select the improvement to be made and Gillian



Otway will lead the project. One improvement possibility is developing a system to increase the number of exit interviews conducted with nursing staff and improving the process for utilization of exit interview data. The shared governance improvement project will research models of shared governance and will make recommendations for shared governance implementation to the NEC. Project length is six months for both components. Leslie Holpit will lead the shared governance project.

#### **4. MOORE GRANT – PATIENT SAFETY**

SFGHMC received \$75,000 from the Moore Foundation to fund patient safety initiatives that are part of the Institute for Healthcare Improvement (IHI) 100,000 Lives Campaign. Founded in 1991, IHI is a not-for-profit organization focused on healthcare quality and patient safety. The “100K Lives Campaign” is an initiative led by IHI with the goal of widespread implementation of six evidence-based interventions:

1. Deployment of Rapid Response Teams
2. Improved Care for Acute Myocardial Infarction
3. Prevention of Adverse Drug Events through Medication Reconciliation
4. Prevention of Central Line-Associated Bloodstream Infection through implementation of the “Central Line Bundle”
5. Prevention of Surgical Site Infection through the implementation of the “SSI Bundle”
6. Prevention of Ventilator-Associated Pneumonia through implementation of the “Ventilator Bundle”

SFGHMC will focus on interventions 1-3. Each of the initiatives is aligned with the JCAHO Core Measures or Patient Safety Goals. Sue Currin, Hiroshi Tokubo and Terry Dentoni will be the Co-Leads on the grant over the next 18 months. The JCC will receive periodic updates on the grant in the Quality Management Report.

#### **5. PSYCHIATRIC EMERGENCY SERVICES (PES) UPDATE**

PES is the only 5150 receiving facility for the City and County of San Francisco. Law enforcement agencies comprise the largest number of patient referrals to PES, with SFPD accounting for 80-85% of the patients seen in PES. Other referral sources include bay area emergency departments, mobile crisis, outpatient clinics, Westside Crisis, SF Behavioral Health Center, Child Crisis, L-Facilities, Residential Treatment Programs and self-presentations.

From March 2004 through February 2005, PES conducted an average of 584 emergency psychiatric intakes per month/20-25 per day. The physical capacity of PES is 18. The current average length of stay is 18.8 hours. The peak census fluctuates between 10-28.

PES strives to provide safe, appropriate and timely care and/or services to patients that is consistent with community standards. In order to meet peak census needs, PES transfers patients within the hospital or other institutions. Two draft policies are being reviewed to address peak census periods:

- **SFGHMC PES Condition Yellow and Red Policy** – The policy outlines procedures to address the following conditions in PES:
  - census >16, LOS>22 hours,
  - high acuity (e.g. four or more patients in seclusion and/or 4-point restraints,
  - >6 patients awaiting acute admission when no beds are available, and
  - unable to perform its function due to an internal/external disaster.

- SBHS Private Hospital Admissions for Adult/Older Adult Clients – The policy outlines the procedures for authorizing psychiatric inpatient admissions to private hospitals for adult/older adult clients in the SF Mental Health Plan.

Hospital Administration monitors the census in PES on a daily basis and tracks the PES peak shift census, private community bed availability, denied transfers, number of PES discharges per shift, admissions to acute psychiatry/medical-surgical beds and jail overflow to PES.

#### 6. SFGH/UCSF MOBILE EYE VAN

The SFGH/UCSF Mobile Eye Van partnered with LensCrafters during the Mayor's Project Homeless Connect event on June 3, 2005 for the first time.

Clients who needed eye exams were sent to the "eye station" located in the Mobile Eye Van parked outside of the Bill Graham Civic Auditorium, where SFGH Optometrists and staff provided screening, auto refractions and wrote prescriptions for glasses.

Through the LensCrafters program to provide glasses to anyone who cannot afford to purchase them, clients were allowed to select frames on site, prescriptions were couriered to one of two LensCrafters stores and finished glasses were sent back to the auditorium for clients to pick up that day or the next day.

#### Commissioners' Comments

- Commissioner Umekubo asked if the Soarian system would allow for medication reconciliation. Ms. Currin certainly hopes so, but this system is three years away, so they must develop a paper system first.

#### 5) PUBLIC COMMENT

None.

#### 6) CLOSED SESSION:

##### A) Public comments on all matters pertaining to the closed session

None.

##### B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:10 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Umekubo, Andre Campbell, M.D., Chief of Staff-elect, Sue Carlisle, UCSF Associate Dean, Sue Currin, Chief Nursing Officer, Myra Garcia, CPCS, CMSC, MSSD Analyst, John Luce, M.D., Medical Director, Quality Improvement, Chair, PIPS, Alison Moed, Director of Risk Management, Anson Moon, SFGH Data, Media and Community Relations, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Director of Administrative



Operations, Valerie Ng, M.D., Chief of Staff, Gene O'Connell, SFGHMC Executive Administrator, Roland Pickens, Associate Hospital Administrator, Dan Schwager, Director of Medical Staff Services, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**APPROVAL OF CLOSED SESSION MINUTES OF MAY 10, 2005**

Action Taken: The Committee approved the May 10, 2005 closed session minutes.

**MEDICAL STAFF REPORT**

Action Taken: The Committee approved the following Acting Service Chief Appointments: Dr. Eberhard Fiebig as Acting Chief of the SFGH Laboratory Medicine effective June 29, 2005; and Dr. Terry Lynch as Acting Chief of the SFGH Radiology Service effective July 1, 2005.

Action Taken: The Committee approved the following Reappointment as Service Chief: Dr. William Schecter.

**CONSIDERATION OF CREDENTIALING MATTERS**

Action Taken: The Committee approved the June Credentials Report.

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**

- D) Reconvene in Open Session

The Committee reconvened in open session at 5:00 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.



7) **ADJOURNMENT**

The meeting was adjourned at 5:00 p.m.



Michele M. Seaton

Executive Secretary to the Health Commission

**These minutes will be approved at the next SFGH Joint Conference Committee.**

**\*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**



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Commissioner

## **HEALTH COMMISSION**

**CITY AND COUNTY OF SAN FRANCISCO**  
**Gavin C. Newsom, Mayor**

**Department of Public Health**



**Mitchell H. Katz, M.D.**  
Director of Health

**Michele M. Seaton**  
Executive Secretary

**Tel. (415) 554-2666**  
**FAX (415) 554-2665**

**Web Site: <http://www.sfdph.org>**

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### **CANCELLATION NOTICE**

### **FOR**

### **SAN FRANCISCO GENERAL HOSPITAL** **JOINT CONFERENCE COMMITTEE MEETING**

**The San Francisco General Hospital (SFGH) Joint Conference Committee meeting scheduled for Tuesday, July 12, 2005 has been cancelled.**

**The next meeting will be Tuesday, August 9, 2005, 3:45 p.m. to 5:30 p.m.**

**An agenda will follow.**

**For information please call the Commission Office at 554-2666.**

**(Posted June 9, 2005)**



City and County of San Francisco  
**HEALTH COMMISSION**  
Department of Public Health  
101 Grove Street, Room #311  
San Francisco, CA 94102

(Address Correction Requested)

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Roma P. Guy, M.S.W.  
Vice President

Edward A. Chow, M.D.  
Commissioner

James M. Illig  
Commissioner

David J. Sánchez, Jr., Ph.D.  
Commissioner

Donald E. Tarver, II, M.D.  
Commissioner

John I. Umekubo, M.D.  
Commissioner

## HEALTH COMMISSION

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### AGENDA

#### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, August 9, 2005  
3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE JUNE 14, 2005  
SAN FRANCISCO GENERAL HOSPITAL JOINT  
CONFERENCE COMMITTEE MEETING**  
*\*Minutes of the meeting of June 14, 2005*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**  
(Activities and operations of SFGHMC)  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**  
(Sue Currin, R.N., Chief Nursing Officer)  
*\*Report*
- 5) **PUBLIC COMMENT\*\***

6) **CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**ACTION ITEM:**            **APPROVAL OF CLOSED SESSION MINUTES OF JUNE 14, 2005**

**FOR DISCUSSION**    **MEDICAL STAFF REPORT**  
**AND POSSIBLE**        Andre Campbell, M.D., Chief of Staff  
**ACTION:**

**FOR ACTION:**            **CONSIDERATION OF CREDENTIALING MATTERS**  
Andre Campbell, M.D., Chief of Staff

**FOR DISCUSSION:**    **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) **Reconvene in Open Session**

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.

\*\* Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

**Disability Access**

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23<sup>rd</sup> Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22<sup>nd</sup> Street and Potrero Avenue.



American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

#### **Public Transportation**

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

#### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

#### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

#### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Adele Destro by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>



**Tuesday, August 2, 2005**

**City Hall, Room 408\***

**9:00 a.m.**

**1. Initiative Ordinance: Prohibition of Firearms\*\***

**2. Bond Measure: Streets and Sidewalks\*\***

Public Comment on matters not appearing on the agenda that are within the jurisdiction of the Ballot Simplification Committee

Continuance or Adjournment\*\*\*

**Wednesday, August 3, 2005**

**City Hall, Room 82\***

**9:00 a.m.**

**1. Charter Amendment: Dividing MTA Appointments\*\***

**2. Charter Amendment: Moving Election Date of Public Defender and Assessor-Recorder\*\***

Public Comment on matters not appearing on the agenda that are within the jurisdiction of the Ballot Simplification Committee

Continuance or Adjournment\*\*\*

\* Meeting rooms are subject to change. If a room change is necessary, a notice will be posted outside the original meeting room. Information will also be available at the Department of Elections, City Hall, Room 48, or via telephone at 415-554-4375.

\*\* For identification purposes only; not actual or proposed title

\*\*\* If an item is continued to a subsequent meeting, a notice of continuance will be posted on the bulletin boards outside the hearing room and the Department of Elections

*Agenda items will be continued in the order above.*

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**DISABILITY ACCESS**

Meetings of the Ballot Simplification Committee will be held in several rooms in City Hall, at 1 Dr. Carlton B. Goodlett Place, San Francisco, CA. The meeting rooms are wheelchair accessible. The closest accessible BART station is the Civic Center Station at United Nations Plaza and Market Street. Accessible MUNI lines serving this location are: #42 Downtown Loop, and #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro Stations at Van Ness and Market and at Civic Center. For information about MUNI accessible services call (415) 923-6142. There is accessible curbside parking adjacent to City Hall on Grove Street and Van Ness Avenue and in the vicinity of the Veterans Building at 401 Van Ness Avenue adjacent to Davies Hall and the War Memorial Complex.





Lee Ann Monfredini  
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### MINUTES

#### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, August 9, 2005  
3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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#### 1) CALL TO ORDER

Commissioner Umekubo called the meeting to order at 3:50 p.m.

Present: Commissioner John I. Umekubo, M.D., Member

Absent: Commissioner Lee Ann Monfredini, President

Staff: Andre Campbell, M.D., Sue Carlisle, M.D., Sue Currin, Myra Garcia, Valerie Inouye, John Luce, M.D., Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Dan Schwager and Hiroshi Tokubo.

#### 2) APPROVAL OF THE MINUTES OF THE JUNE 14, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the June 14, 2005 San Francisco General Hospital Joint Conference Committee.

### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, SFGH Hospital Administrator, presented the Hospital Administrator's Report.

#### PROGRAM UPDATES

##### *SFGH is Granted Full Accreditation by JCAHO*

As previously reported, the Joint Commission completed its survey of SFGH in April. SFGH successfully passed the survey process on condition that SFGH submit Evidence of Standard Compliance report of the cited Requirement for Improvements (RFI's). These corrective action plans were submitted last week, and on August 3, 2005, SFGH received a letter from the Joint Commission stating that SFGH is granted full accreditation.

##### *Mayor's Blue Ribbon Committee on SFGH Future Location*

Since the last SFGH-JCC meeting, the Mayor's Blue Ribbon Committee on SFGH Future Location has met twice more. In these meetings, the committee heard presentations on the most current UCSF Mission Bay Plan, on perceived impacts of co-location on services and patient care, on research at SFGH, and on earlier planning processes and community comments. From these presentations, it is evident that much planning work has been done. There is, however, still not a clear choice as to whether San Francisco General Hospital should be rebuilt on Potrero Avenue or built at Mission Bay.

The next meeting is scheduled for August 18, 2005. Part of the agenda will be to examine the criteria on which the decision to co-locate or not should be based. This Committee was scheduled to meet four times. It is most likely that a fifth meeting will be necessary.

##### *Bay Area Patient Safety Collaborative and the 100,000 Lives Campaign*

Last month executive staff from SFGH attended the Bay Area Patient Safety Collaborative. The Collaborative is a new program organized by the Hospital Council and funded by the Gordon and Betty Moore Foundation (GBMF). Its purpose is to help improve patient safety and quality outcomes through education, networking, and peer-to-peer learning.

The initial focus of the Collaborative is the Institute for Healthcare Improvement's 100,000 Lives Campaign, which has the goal of making health care safer and more effective and to ensure that hospitals achieve the best possible outcomes for all patients. The Campaign's focus is to use six proven interventions, implemented on a wide enough scale to avoid 100,000 deaths over the next 18 months and every year thereafter. Of the six interventions, SFGH is focusing on three: (1) Deploy Rapid Response Teams, (2) Deliver Reliable Evidence-Based Care for Acute Myocardial Infarction to prevent deaths from heart attack, and (3) Prevent Adverse Drug Event by implementing medication reconciliation.

##### *Gene O'Connell elected Treasurer of NAPH & Board Member of NPHHI*

At last month's annual National Association of Public Hospitals and Health Systems conference, Ms. O'Connell was elected by her peers to the Executive Committee position of Treasurer. This is a great honor for Ms. O'Connell, as NAPH represents over 100 hospitals and health systems that together comprise the essential infrastructure of many of America's largest metropolitan health systems, including SFGH. Ms. O'Connell was also elected Board Member of NPHHI (National Public Health & Hospital Institute), which is the research arm of NAPH.



### *George Washington University/Commonwealth Fund Study on Health Disparities*

Executive Staff, including Gene O'Connell and John Luce, were recently interviewed as part of the Assessing the Feasibility of Collection and Reporting of Hospital Disparities Data study. The purpose of this study is to assess the feasibility of using the National Voluntary Hospital Reporting Initiative process and framework to collect quality data by race and ethnicity in major safety net institutions treating large minority populations, and to determine if this data could be used to support quality improvement efforts and to detect and measure disparities in care.

### *California Endowment Grant Award for VMI Project*

The Video/Voice Medical Interpretation (VMI) project at SFGH and Alameda County Medical Center (ACMC) are pleased to announce that we have received word from the California Endowment that a subsequent grant will be awarded to fund the expansion of the VMI project between SFGH and ACMC. Although the actual sum of the grant has not been communicated to us as of yet, we had requested approximately \$622,000. The Endowment has indicated that the grant period will begin November 1, 2005. The grant is expected to provide funding for both SFGH and ACMC to expand the technology and buildouts in order to increase the scale of the VMI project.

### *Energy Balance Kick-Off Event*

"Energy Balance"—a new labeling program at SFGH Cafeteria, designed to help visitors, patients and staff make informed choices at the cafeteria line—made its debut Thursday, July 7<sup>th</sup> at a kick-off event featuring Dr. Mitch Katz, Director of Health. The main goal of this health promotion campaign is to provide cafeteria patrons with information that will help them make informed dietary choices by providing labels on all of the food items that answer the following questions: "How many calories, how much saturated fat and how much sodium are contained in the cafeteria selections?"

Cafeteria selections that contain less than 500 calories, 7% saturated fat and 1,000 mg of sodium will be awarded an "Energy Balance" logo. By using this information in combination with education on balancing calorie consumption and exercise, cafeteria patrons have a good foundation to build on a healthy lifestyle for themselves and their families at work and at home.

### Commissioners' Comments

- Commissioner Umekubo is very interested in the hospital's effort to deploy rapid response teams, including the structure, how team members would be notified and other elements. Ms. Currin said of all the initiatives in the patient safety collaborative, this one has the most impact on morbidity and mortality. Staff is just getting started on the development of the team but is looking at having experienced nurses, respiratory therapists and others who help the bedside nurses articulate what is going on with a patient. Commissioner Umekubo asked if there would be criteria for nurses to follow. Ms. Currin replied that there are sample criteria, and SFGH is evaluating these to see if they are applicable. Commissioner Umekubo said this is a great idea and he looks forward to best practices. With regard to the VMI program, Commissioner Umekubo asked if the hospital has all the necessary equipment. Ms. O'Connell said not yet, but the grants they are receiving will fund the equipment.

## **4) PATIENT CARE SERVICES REPORT**

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

07/05 RN VACANCY RATE: Overall RN vacancy rate for areas reported is 7.47%.

As a benchmark measure, CHA data for 3<sup>rd</sup> quarter 2004 (last quarter for which data is available) reports California RN vacancy rate at 11%, Northern California RN vacancy rate at 9.4%, and Southern California RN vacancy rate at 12.5%.

| <i>AREA</i>                                                             | <i>RN VACANCY RATE</i> | <i>NO. VACANT FTE</i>                                                                                                           | <i>TRAINING PROGRAMS</i>                                                                                    |
|-------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <i>Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)</i>             | <i>5.8%</i>            | <i>9.7 FTE</i>                                                                                                                  | <i>Interviews ongoing for mid-July Training Program</i>                                                     |
| <i>Critical Care (includes 4E/5E/5R)</i>                                | <i>12.3%</i>           | <i>12.8 FTE<br/>Several reqs identified for Moore Grant RN Internship Training Program starting Summer 2005</i>                 | <i>Interviews ongoing for August Training Program.</i>                                                      |
| <i>Perinatal (includes 6C Birth Center &amp; 6H Infant Care Center)</i> | <i>7.5%</i>            | <i>4.9 FTE<br/>Several reqs identified for Moore Grant RN Internship Training program.</i>                                      | <i>Candidates identified for August Training Program; employment processing pending IP or RN license</i>    |
| <i>Perioperative (includes OR/PACU/Surgi-center)</i>                    | <i>7.25%</i>           | <i>3.7 FTE<br/>Will use one req to participate in Moore Grant RN Internship Training Program if candidate can be recruited.</i> | <i>Candidates identified August Training Program; employment processing to start in July.</i>               |
| <i>Emergency</i>                                                        | <i>6.43%</i>           | <i>4.5 FTE<br/>These reqs identified for Moore Grant RN Internship Training Program/Summer 2005</i>                             | <i>Candidates identified for August and October Training Programs – employment processing to start July</i> |



| <b>AREA</b>                                                           | <b>RN VACANCY RATE</b> | <b>NO. VACANT FTE</b> | <b>TRAINING PROGRAMS</b>                          |
|-----------------------------------------------------------------------|------------------------|-----------------------|---------------------------------------------------|
| <i>Psychiatry<br/>(includes PES &amp; acute inpatient units only)</i> | 8.26%                  | 7.7 FTE               | <i>Interviews ongoing for remaining positions</i> |
| <i>Behavioral Health Center</i>                                       | 6.70%                  | 1.0 FTE               | <i>Recruitment ongoing</i>                        |

|                                                                         |       |                                                                                                                                                        |                            |
|-------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <i>Clinics<br/>(incl. Specialty clinics/ hosp. based Primary Care).</i> | 5.06% | 2.9 FTE<br>(mostly partials in various clinics as follows: .4 in 1M clinic, .2 in 5M clinic, .3 in Urgent Care and 1.0 in 4C/Burn & Wound Care clinic) | <i>Recruitment ongoing</i> |
| <b>TOTALS</b>                                                           | 7.47% | 47.2 FTE                                                                                                                                               |                            |

**COMPLIANCE WITH RATIO STAFFING REQUIREMENTS: By Number of Shifts 7/01/05 TO 7/31/05**

|                                    | <b>Critical Care</b> | <b>PACU</b> | <b>Medical Surgical</b> | <b>Pediatrics</b> | <b>Perinatal</b> | <b>Psychiatry</b> | <b>ED</b> |
|------------------------------------|----------------------|-------------|-------------------------|-------------------|------------------|-------------------|-----------|
|                                    | 1:2                  | 1:2         | 1:5                     | 1:4               | Varies           | 1:6               | Varies    |
| Area unable to meet minimum ratios | 0                    | 0           | 1*                      | 0                 | 0                | 1#                | 0         |
| Area unable to cover breaks        | 0                    | 0           | 3                       | 0                 | 0                | 10                | 0         |
|                                    |                      |             |                         |                   |                  |                   |           |



|                                                |   |   |   |   |   |   |   |
|------------------------------------------------|---|---|---|---|---|---|---|
| Surgeries postponed related to ratios          | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Admissions held related to ratios              | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Beds closed / ED zone closed related to ratios | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ED diversion related to ratios                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

# 7/16/05 7C 21 pts. 3 licensed staff + 1 unlicensed

\* 7/22/05 5A 24 pts. 4 licensed staff

### RECRUITMENT AND RETENTION

#### ➤ *Daisy Award*

Two RNs were awarded DAISY awards in July:

- ❑ Celsa Alvarez from 4D was acknowledged as an extraordinary nurse for her strong patient advocacy skills as well as her exemplary charge RN skills.
- ❑ Susan Chang from 7C, Asian Focus Unit in Psychiatry was cheered by her co-workers as she was recognized for her dedication to the bicultural, bilingual patients of 7C.
- ❑ John Fazio RN, CNS has been selected as a finalist in the NurseWeek/Nursing Spectrum Excellence Awards. John is one of 30 finalists that will be honored at a reception in September in Pasadena.

#### ➤ *Career Fair*

The July 20<sup>th</sup> NurseWeek Career Fair held in Oakland had less attendance than previous career fairs. Attendees were particularly interested in medical –surgical nursing. Recruitment efforts from the Career Fair have yielded one RN hire and five interviews that are still in process.

#### ➤ *Moore Grant - RN Internship Program:*

Fifteen medical-surgical RNs completed three class days of the “Clinical Enrichment” portion of the Internship Program. These classes focused on the professional role of the RN, critical thinking in the clinical setting, cultural diversity and communication. Participants are currently working on competency goals to be completed as part of the program. Following three additional classes in August and September, participants will evaluate progress toward their individual competency goals.

Nine new RN interns are scheduled to begin the new graduate component of the program in August. The program includes up to 700 hours of clinically precepted time with additional time for classes and mentoring. The new RNs will have three class days as a group that will specifically focus on clinical skills and role of the professional nurse. The new RN’s will also receive academic credit from SFSU for completion of Internship objectives.

A total of 81 staff RNs have completed day one of preceptor training. Day two of the preceptor course is scheduled in September. Additionally, 18 managers completed day one of the course.

### PSYCHIATRIC EMERGENCY SERVICES (PES)

PES at San Francisco General Hospital Medical Center (SFGHMC) is the only 5150 designated receiving facility for the City and County of San Francisco. As a result of recent unprecedented census and acuity in PES, leadership in the Department of Psychiatry drafted a Condition Yellow and Condition Red Policy.

Condition Yellow would be declared when PES is at a census of 16 or greater, >6 patients waiting to be admitted with no predicted discharges and/or increased acuity making clinical conditions in PES potentially unsafe. A number of agencies including the SFPD, CBHS AOD, SFGH ED, SFGH AOD and others would be contacted when PES employs Condition Yellow as a means to inform the community of the PES physical capacity issues. If Condition Yellow status were unsuccessful in decompressing PES, a Condition Red would be activated.

Condition Red is Psychiatric Diversion and would be activated at a census of 18 or greater, >8 patients waiting to be admitted with no predicted discharges and/or increased acuity making clinical conditions in PES potentially unsafe. The Director of Behavioral Health at SFGH or the Deputy Chief of Psychiatry are the designated representatives that can activate a Condition Red in collaboration with the SFGH Administrator on Duty (AOD).

There are numerous reasons why these measures have become necessary, for example:

- ❑ Decrease in designated 5150 receiving facilities in the City and County of SF over the past 15 years.
- ❑ Significant decrease in the number of Inpatient Psychiatric beds in San Francisco (St Francis, St Lukes, CPMC, St Mary's, LPPI). This seriously limits our options when SFGH Inpatient Psychiatry is at capacity.
- ❑ Unavailable placement options (e.g., L-Facilities) for patients currently admitted to Inpatient Psychiatry at SFGHMC. This causes a decrease in the number of beds available for acute patients in PES.
- ❑ Unpredictable inflow to PES.

Several meetings have been conducted concerning the implementation of Condition Yellow and Condition Red with both the leadership of SFGHMC and Community Behavioral Health Services. The recommended modifications have been incorporated and the final draft version of the policy is ready for review and approval. A number of processes are being developed to facilitate process implementation.

### MEDICAL-SURGICAL AREA SAFETY PLAN

To improve medication administration safety and avoid the occurrence of medication errors in the Medical- Surgical area, the following plan was implemented:

- ❑ Restructured the patient care delivery model in Medical-Surgical that requires RNs & LVNs to have distinct patient assignments and administer medications for their assigned patients (e.g., 4 – 5 patients).



- ❑ Added clinical competency criteria to the RN/LVN Annual Performance review and to the Medical-Surgical Annual Update. Classes on patient identification and medication administration.
- ❑ Inserviced Medical-Surgical RN/LVN staff on labeling of medication cup with the patient's name, room and bed number, date of birth and medical record number.

#### Commissioners' Comments

- Commissioner Umekubo asked if the pressures on PES have been building up over time, or was it a sudden onset. Ms. Currin said it has been building over time for a number of reasons, including the decrease in 5150 receiving facilities, a decrease in inpatient psychiatric beds and increased pickups by law enforcement. She noted that all of the people brought to PES needed this level of service, so it is not an issue of inappropriate referrals.

#### 5) PUBLIC COMMENT

None.

#### 6) CLOSED SESSION:

##### A) Public comments on all matters pertaining to the closed session

None.

##### B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:15 p.m. Present in the closed session were Commissioner Umekubo, Andre Campbell, M.D., Chief of Staff, Sue Carlisle, UCSF Associate Dean (left at 4:40 p.m.), Sue Currin, Chief Nursing Officer, Myra Garcia, CPCS, CMSC, MSSD Analyst, John Luce, M.D., Medical Director, Quality Improvement, Chair, PIPS, Anson Moon, SFGH Data, Media and Community Relations, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Director of Administrative Operations, Gene O'Connell, SFGHMC Executive Administrator, Dan Schwager, Director of Medical Staff Services, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

##### C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM:      APPROVAL OF CLOSED SESSION MINUTES OF JUNE 14, 2005

Action Taken: The Committee approved the June 14, 2005 closed session minutes.

FOR DISCUSSION      MEDICAL STAFF REPORT



**AND POSSIBLE  
ACTION:**

Andre Campbell, M.D., Chief of Staff

No action taken.

**FOR ACTION:**

**CONSIDERATION OF CREDENTIALING MATTERS**

Andre Campbell, M.D., Chief of Staff

**Action Taken:** The Committee approved the August Credentials Report.

**FOR DISCUSSION:** **CONSIDERATION OF PEER REVIEW, QUALITY OF  
CARE AND PERFORMANCE IMPROVEMENT**

John Luce, M.D., Medical Director SFGH-QM

Hiroshi Tokubo, CHN Director, QM

Alison Moed, Director of Risk Management

Sue Currin, RN, Chief Nursing Officer

**D) Reconvene in Open Session**

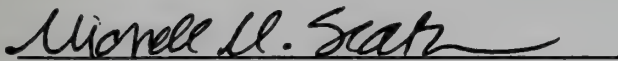
The Committee reconvened in open session at 5:10 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

**Action Taken:** The Committee voted not to disclose discussions held in closed session.

**7) ADJOURNMENT**

The meeting was adjourned at 5:10 p.m.



Michele M. Seaton

Executive Secretary to the Health Commission

**These minutes will be approved at the next SFGH Joint Conference Committee.**

**\*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**



Lee Ann Monfredini  
President

Roma P. Guy, M.S.W.  
Vice President

Edward A. Chow, M.D.  
Commissioner

James M. Illig  
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David J. Sánchez, Jr., Ph.D.  
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Commissioner

John I. Umekubo, M.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

Michele M. Seaton  
Executive Secretary

Tel. (415) 554-2666  
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Web Site: <http://www.sfdph.org>

### AGENDA

#### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, September 13, 2005  
3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

DOCUMENTS DEPT.

Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

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- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE AUGUST 9, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**  
*\*Minutes of the meeting of August 9, 2005*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**  
(Activities and operations of SFGHMC)  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**  
(Sue Currin, R.N., Chief Nursing Officer)  
*\*Report*
- 5) **PUBLIC COMMENT\*\***



6) **CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**ACTION ITEM:**            **APPROVAL OF CLOSED SESSION MINUTES OF AUGUST 9, 2005**

**FOR DISCUSSION AND POSSIBLE ACTION:**    **MEDICAL STAFF REPORT**  
Andre Campbell, M.D., Chief of Staff

**FOR ACTION:**            **CONSIDERATION OF CREDENTIALING MATTERS**  
Andre Campbell, M.D., Chief of Staff

**FOR DISCUSSION:**    **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.

\*\* Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

**Disability Access**

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23<sup>rd</sup> Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22<sup>nd</sup> Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

### **Public Transportation**

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Adele Destro by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>





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### MINUTES

#### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, September 13, 2005  
3:45 p.m.  
1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

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#### 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:45 p.m.

Present: Commissioner Lee Ann Monfredini, President

Absent: Commissioner John I. Umekubo, M.D., Member

Staff: Andre Campbell, M.D., Myra Garcia, Valerie Inouye, Kathy Jung, John Luce, M.D., Sharon McCole-Wicher, Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Roland Pickens, Dan Schwager, Cathryn Thurow and Hiroshi Tokubo.

#### 2) APPROVAL OF THE MINUTES OF THE AUGUST 9, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the August 9, 2005 San Francisco General Hospital Joint Conference Committee.

### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, SFGH Hospital Administrator, presented the Hospital Administrator's Report.  
Program Updates

#### Mayor's Blue Ribbon Committee on SFGH Future Location

The last Blue Ribbon Committee meeting was held Friday, September 9<sup>th</sup>, and a recommendation emerged that SFGH should be rebuilt at the Potrero Avenue campus site. Dr. Sandra Hernández, who chaired the Committee with Dr. Mitch Katz, said that before the end of the month she would issue a report to Mayor Newsom recommending that the City develop an institutional master plan to rebuild SFGH at the Potrero site. Ms. O'Connell attached a new article from the September 10, 2005 *San Francisco Chronicle*.

#### SFGH Foundation Staff Appreciation BB Q and 1001 Club Campaign

The Staff Appreciation Barbecue at SFGH kicks off the 1001 Club employee campaign. This year the 1001 Club benefits the Volunteers to SFGH, who serve in over 70 hospital departments, and donated over 90,000 hours last year alone. The small income streams that the Volunteers rely on have not kept up with inflation, and they need your contributions more than ever. The Volunteers have had to cut services and are not able to recruit new volunteers.

The SFGH Foundation's goal is to raise \$30,000 for the Volunteers. Anyone who donates \$100 or more will receive a special Hearts in San Francisco pin. As a thank you to the department that has the most participants in the 1001 Club campaign by December 31, Goat Hill Pizza and the SFGH Foundation will throw a pizza party in their appreciation.

#### Dr. Peggy Knudson is local hero for breast cancer fundraiser

Dr. Peggy Knudson was selected by the BMW dealers in Stevens Creek to be their local hero. The BMW dealers participate in the national "Breast Cancer Ultimate Drive Event" where every mile the cars are driven, BMW contributes \$1 to the Susan G. Komen Breast Cancer Fund. To date, \$9 million have been raised with this event. As the hero, Peggy Knudson received a plaque and was asked to sit in the head car.

#### \$1,000,000 Avon Gift to SFGH

It is with great pride and enthusiasm that I announce a new gift of \$1,000,000 from the Avon Foundation to San Francisco General Hospital Medical Center. This gift will allow for continued growth and maturity of the programs established at SFGHMC with funding from the initial gift from the Avon Foundation in 2001. The original gift in 2001 of \$12.2 Million was used to:

- Support clinical care and research activities at SFGH that linked breast cancer community of patients in breast cancer research underway at the UCSF Cancer Center;
- Provide equal access to the best breast care for medically underserved women;
- Develop new methods of educating women in the community who are SFGH patients about all aspects of breast care and treatment;
- Construct the \$3.5 Million, Avon Foundation Comprehensive Breast Center at SFGH that occupies 4,000 square feet on the SFGH Campus at the intersection of 22nd Street and Main



Campus Drive. Services within the new Center focus on decreasing mammogram exam wait times and increasing the number of screening mammograms performed each year, from the current 5,000 to 15,000.

This new gift will provide funding for the following program components:

1) Expansion of Genetic Counseling and Genomic Diversity Programs :

- 0.75 FTE Genetic counselor
- 0.35 FTE Medical Co-directors for studies
- 0.25 FTE Genetics Fellow

Program staff will formally test two versions of genetic counseling to ascertain whether a novel version, Hereditary Cancer Decision Aid (HCDA), is an effective instructional tool in the decision to undergo genetic testing in a large multicultural patient population. Funding will allow for the continued offering of free no-cost genetic testing to up to 200 underserved women.

2) Bridge Funding of the Mammography Van Community Outreach Program:

- 0.5 FTE Avon-SFGH Van Manager
- 2 - 0.5 FTE Patient Navigators

A continuation of initial funding to allow for program operational and financial maturity. Bridge funding will sustain operations until FY 2006/2007, when the program will be incorporated into the hospital's base budget.

3) Phase 1: Completion of the Surgical Procedure Suite in the Avon Building to Accommodate Minor Surgical Procedures such as breast biopsies.

The original architectural plans for the building included constructing a surgical suite. However, due to the lack of sufficient construction funds, the suite was not completely built, nor furnished per the original plan. At the present time all breast surgical procedures are provided in the main hospital building. Upon completion of Phase 1, patients undergoing minor breast surgical procedures of open biopsy and needle localization will receive these services in the Avon Center. Future Phase 2 construction would allow for moderate level breast surgical procedures to be performed in the Avon Center.

SFGH looks forward to our continued collaboration with the Avon Foundation that helps to bring world class medical services to San Francisco's most vulnerable women.

SFGH Goals & Accomplishments for FY 2004-2005

**1. Improve staff retention and recruitment.**

- Received a \$2.3 million grant from the Gordon and Betty Moore Foundation to fund an RN Internship Program, Preceptor Development Training, and Mentor Program.
- Contract negotiations resulted in increases in RN salaries and sign on bonuses that are competitive with other bay area hospitals resulting in a decrease in the vacancy rate from a high of 14.8% in 2003-04 to 7.6% in 2004-05. An additional 14.8 RN FTE's were allocated to comply with the California state mandated nurse to patient ratios.



- Sign on bonuses and increased salaries for Radiology Technologists were negotiated resulting in a decrease in the vacancy rate from a high of 19.4% in 2003-04 to 10% in 2004-05.
- Recently negotiated sign on bonuses and increased salaries for Pharmacists to decrease the vacancy rate that had risen as high as 19.9%.
- SFGH participated in 8 job fairs for nursing and 2 each for Pharmacists and Radiology Technologists. The hospital hired 365 FTE and nursing hired 149 FTE during 2004-05.
- The hospital overall vacancy rate decreased from 9.1% in 2003-04 to 7.9% in 2004-05.

## **2. Assess and re-design processes and resources to maintain operational efficiency.**

- Redesigned Department of Education Training in fall 2004.
- Redesigned the Department of Utilization Review completed in fall 2004.
- Redesigned outpatient prescription drug benefit for clients enrolled in Healthy Workers.
- Reorganized Trauma Program and Emergency Services under the Director of Patient Care Services.

## **3. Maintain favorable variances to budget for both patient revenues and operating expenses.**

- Documented ICD-9 Codes on encounter forms and ancillary service requisitions.
- Implemented business plans.
- Ensured that providers have UPIN numbers.
- Increased cash collections by 10% over prior year and by 13% average annual increase since FY 99-00.
- Improved patient flow and community placements.

## **4. Improve access to outpatient and diagnostic services**

- Implemented Video Medical Interpretation (VMI) at 1M and Family Health Center (for a total of 8 clinics).
- Received funding for MammoVan and began operation in February 2005.
- Expanded Urgent Care Clinic.
- Added six new exam rooms in Family Health Center.
- Eye Van began operation in September, 2004 and has provided services to over 1,000 patients, decreasing wait time in optometry clinic by 45 days.
- Implemented eConsult Pilot Project in GI and Liver Clinics which has resulted in a 50-60% reduction in the average time for a new patient to be seen.

- Partnered with Catholic Healthcare West to provide more timely urgent care and primary care appointments for unaffiliated patients presenting at the SFGH.

#### **5. Complete Level 1 Trauma Center verification and designation approval process.**

- Developed and implemented performance improvement plan for six criteria deficiencies identified during the March 2004 American College of Surgeons Committee on Trauma (ACSCOT) focused site survey.
- Completed the ACSCOT survey and granted verification status as a **Level I** Adult and Pediatric Trauma Center.

#### **6. Plan and design air medical access for SFGH.**

- Environmental Impact Review [EIR] now in progress with expected completion date of December 2005. Turnstone Consulting is conducting the EIR under the direction of the CCSF Department of Planning.
- Gerson/Overstreet Architects hired November 2004 to complete helipad design and permitting which is necessary for completion of EIR.

#### **7. Plan for the replacement hospital.**

- Mayor Gavin Newsom appointed the Blue Ribbon Committee charged to determine San Francisco General Hospital's future location.

#### **8. Participate in the transition to a single DPH information system.**

- Implemented a single Medical Record Number policy throughout CHN.
- Formed workgroups to standardize medical terms used in assessments throughout the CHN. Completed vital signs and working on wound care.
- Implemented a single enterprise-wide billing system.
- Collaborated to re-negotiate Siemens contract to include Critical Care, Medical Oncology and Emergency Department Systems for SFGH at no increase in cost.

#### **9. Ensure patient placement at the appropriate level of service within the continuum of care.**

- Three floors of San Francisco Behavioral Health Center successfully licensed and opened with MHRC (47 beds), SNF (59 beds) and ARF (41 beds).
- Continue to explore ways to decrease administrative and decertified days in acute behavioral health and Medical/Surgical unit through the Bed Utilization Committee.
- Implemented the on-line Bed Tracking System to improve patient flow through the ED and to expedite the placement of acute patients in a bed at the appropriate level of care.

- Continue to hold meetings daily in Acute Behavioral Health and Medical/Surgical to review patient status and determine placement needs along the continuum of care.
- Efforts to develop a shared database remains in the planning stage with coordination between Medical-Surgical, Psychiatry and IS.

#### **10. Meet all regulatory standards and regulations.**

- Completed the 2005 CALS/JCAHO unannounced Survey on April 18 - 22, 2005. The Hospital received 10 Recommendations for Improvement (RFIs); action plans were submitted on August 1, 2005. On August 3, 2005, received notification that JCAHO accepted the action plans and the Hospital is fully accredited.
- The 2005 JCAHO Laboratory Prep Group began preparations in the summer of 2004 for the Survey scheduled for November 15 - 18, 2005.
- The 2005 L&C (LTC) Prep Group met to prepare for the DHS L&C Survey scheduled for the fall of 2005.
- Participated in the third Patient Evaluation of Performance in California (PEP-C III) Survey with noticeable improvements.
- Participated in numerous patient safety initiatives such as improving the system for notifying HIV+ patients of their test results, conducting root cause analysis of unexpected adverse outcomes, and completed FMEA analysis of Patient Controlled Anesthesia.
- Received \$75,000 grant to fund the three patient safety initiatives on medication reconciliation, smoking cessation and rapid response teams as part of the Institute for Healthcare Improvement's 100,000 Lives Campaign.
- SFGH's Cancer Program was surveyed and awarded accreditation by the American College of Surgeons' Commission on Cancer Approvals Program on May 6, 2005.

#### Commissioners' Comments

- Commissioner Monfredini congratulated staff on the wonderful accomplishments. She is proud to work with SFGH staff.

#### **4) PATIENT CARE SERVICES REPORT**

Sharon McCole-Wicher presented the Patient Care Services Report.

##### **1. RN VACANCY RATE - for August 2005**

The overall RN vacancy rate for areas reported is 9.79%. As a benchmark measure, CHA data for 3<sup>rd</sup> quarter 2004 (last quarter for which data is available) reports California RN vacancy rate at 11%, Northern California RN vacancy rate at 9.4%, and Southern California RN vacancy rate at 12.5%.



| AREA                                                         | RN VACANCY RATE | NO. VACANT FTE                                                                        | TRAINING PROGRAMS                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)         | 11.06%          | 18.7 FTE<br>(plus another 14.8 FTE to meet ratio law budgeted; reqs pending release). | Includes new FY positions created from various business plan initiatives and RN contract negotiations; the 14.8 FTE were requested for July so that we could recruit the June new grads – however, the reqs were not released until 8/26/05 so we lost many potential new grad RN recruits to other employers in June/July/August. Recruitment ongoing. |
| Critical Care (includes 4E/5E/5R)                            | 13.41%          | 13.9 FTE                                                                              | Interviews ongoing for Fall Training Program.                                                                                                                                                                                                                                                                                                           |
| Perinatal (includes 6C Birth Center & 6H Infant Care Center) | 2.63%           | 1.7 FTE                                                                               | Candidates identified for vacancies; employment processing pending budget review against hiring plan.                                                                                                                                                                                                                                                   |
| Perioperative (includes OR/PACU/Surgi-center)                | 7.64%           | 3.9 FTE                                                                               | Includes new position from 05-06 business plan; recruitment ongoing.                                                                                                                                                                                                                                                                                    |
| Emergency                                                    | 12.29%          | 8.6 FTE                                                                               | Four Spring TP candidates failed to meet program objectives; four exp staff resigned to take jobs elsewhere. Recruitment ongoing for Fall TP                                                                                                                                                                                                            |

2. COMPLIANCE WITH RATIO STAFFING REQUIREMENTS: By Number of Shifts 8/01/05 TO 8/31/05

|                                    |      | PACU | Medical Surgical | Pediatrics | Perinatal | Psychiatry | ED     |
|------------------------------------|------|------|------------------|------------|-----------|------------|--------|
|                                    | Care |      |                  |            |           |            |        |
|                                    | 1:2  | 1:2  | 1:5              | 1:4        | Varies    | 1:6        | Varies |
| Area unable to meet minimum ratios | 0    | 0    | 0                | 0          | 0         | 1          | 0      |

|                                                |   |   |   |   |   |   |   |
|------------------------------------------------|---|---|---|---|---|---|---|
| Area unable to cover breaks                    | 0 | 0 | 0 | 0 | 0 | 8 | 0 |
| Surgeries postponed related to ratios          | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Admissions held related to ratios              | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Beds closed / ED zone closed related to ratios | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ED diversion related to ratios                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

### 3. RECRUITMENT AND RETENTION

#### ➤ Moore Grant RN Internship Program

All components of the Internship Program are progressing and will meet targeted goals for the first year of the program. Advanced preceptor training for 50 RNs is scheduled for September 27 and October 5. Enrichment participants have completed 40 hours of training and are currently at work on meeting individualized goals for improvement of clinical competencies. Nine new graduates participating in the program have begun their clinical preceptorships and didactic trainings in the Birth Center, ED, Critical Care and in the OR. Additional mentor training will be scheduled by November 1 in order to meet year 1 goals. The Internship Advisory Committee resumes monthly meetings and will review year 1 progress and make recommendations for year 2.

#### ➤ Retention and Recruitment

Josephine Cabrera RN of Unit 4B was presented with a DAISY Award on September 1 to honor her clinical, leadership and patient advocacy skills. Josie is the night shift charge nurse. She was presented with the award at morning report in front of more than 30 of her nursing colleagues on 4B.

Student clinical placements from bay area schools of nursing have started at SFGH. Students from UCSF, SFSU, City College RN and LVN programs, Dominican University, and Samuel Merritt are receiving clinical training throughout the areas where nursing care is provided. Seventeen senior students are completing senior preceptorships in medical-surgical, critical care, labor and delivery and emergency nursing.

### 3. REHABILITATION DEPARTMENT

September 18<sup>th</sup> through the 24<sup>th</sup> is National Rehabilitation Week!

The Rehabilitation Department, composed of Physical, Occupational, Speech Language Pathology (PT, OT, SP) and Psychiatry provides rehabilitation in acute care, SNF (including 4A and MHRF), outpatient, clinics and workers compensation. Along with psychiatric services at SFGH, Health at Home, Laguna Honda and California Children's Services these rehabilitation programs provide continuity of services throughout the complete spectrum of care.



The Rehabilitation Department promotes the restoration of functional abilities of pediatric and adult patients with physical, cognitive, communicative, eating and/or sensory-perceptual impairment for adult and pediatric patients. Therapists facilitate an individual's maximal potential with the use of various therapeutic interventions and education. Treatment is provided to enhance function, decrease or eliminate unsafe practices that result in injury, provide worksite assessments for reorganization of the work environment, and relieve pain. Programs are geared to help patients become stronger, independent or more functional so that they may experience a higher quality of life, return home, or receive services at a lower level of care.

Physical Therapy (PT) and Occupational Therapy (OT) evaluates, teaches and provides therapy to patients with the goal of restoring functional abilities of individuals with physical and/or sensory-perceptual impairment. Treatment techniques include therapeutic exercise and activities, pain management, and activities of daily living. Speech Language Pathology (SLP) evaluates, teaches and provides therapy to patients with laryngectomies, dysphasia, cognitive, and communication problems. Treatment is provided in the use of the electrolarynx, voice prosthesis, modified barium swallow studies, dysphasia training, cognitive and communication skills.

Patients with complex rehabilitation needs may be referred to the Physiatrist. The Physiatrist, in conjunction with the therapists, assists the treating team in determining the need for ongoing rehabilitation not only during the acute hospital stay, but also after discharge. This may include recommendations for acute inpatient rehabilitation, skilled nursing level rehabilitation, and home health or outpatient rehabilitation. The Physiatrist also assists in the management of medical sequelae that may be unique to the patient's diagnosis and that can impact future rehabilitation care. Outpatient physiatry services include clinics specializing in prosthetics and orthotics, neurotrauma stroke and musculoskeletal diagnoses. Specialized services will be available in the area of electrodiagnosis (electromyography and nerve conduction studies) and interventional neuroblockade (nerve blocks and epidural injections) within the next month.

Major accomplishments this year by Rehabilitation include:

- Participation and management of the head injury program
- Development and implementation of an NICU pediatric training program
- Participation in presenting programs to hospital departments on body mechanics, hospital orientation, spinal cord injuries, hip replacements transfers, crutch training, speech and language, exercises to reduce stress and back care.
- Development of Trach Rounds with respiratory and nursing
- Clinical training for 2 Occupational Therapy students, 9 Physical Therapy students and 3 Physical Therapy Assistant students
- Provision of 16 inservices within the Rehabilitation Department
- Provision of CPR instruction to SFGH employees with the Department of Education and Training
- Development of clinical practice based on evidence based medicine
- Development and implementation of a videostroboscopy training program
- Institution of Rehabilitation Inpatient Rounds
- Reengineering of Rehabilitation Outpatient Rounds
- Development of an amputee program
- Reorganization of the Rehabilitation Department resulting in changes in work processes, modification of staff roles and responsibilities, and development of a new phone system.



## Key Statistics on Units of Service:

|                           | Units       |        | Revenue      |
|---------------------------|-------------|--------|--------------|
| Physical Therapy          | Inpatient   | 16,826 | \$1,431,699  |
|                           | Outpatient  | 39,030 | \$2,572,409  |
|                           | Total       | 55,856 | \$4,004,078  |
| Speech Language Pathology | Inpatient   | 3,885  | \$616,580    |
|                           | Outpatient  | 931    | \$114,600    |
|                           | Total       | 4,816  | \$731,180    |
| Occupational Therapy      | Inpatient   | 10,405 | \$860,604    |
|                           | Outpatient  | 21,654 | \$1,430,898  |
|                           | Total       | 32,059 | \$22,915,022 |
| Rehab Services            | GRAND TOTAL | 92,731 | \$27,650,280 |

### 5) PUBLIC COMMENT

None.

### 6) CLOSED SESSION:

#### A) Public comments on all matters pertaining to the closed session

None.

#### B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:15 p.m. Present in the closed session were Commissioner Monfredini, Andre Campbell, M.D., Chief of Staff, Myra Garcia, CPCS, CMSC, MSSD Analyst, John Luce, M.D., Medical Director, Quality Improvement, Chair, PIPS, Sharon McCole-Wicher, Anson Moon, SFGH Data, Media and Community Relations, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Director of Administrative Operations, Gene O'Connell, SFGHMC Executive Administrator, Dan Schwager, Director of Medical Staff Services, Cathryn Thurow, Director, UCSF Dean's Office, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

#### C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

### APPROVAL OF CLOSED SESSION MINUTES OF AUGUST 9, 2005

Action Taken: The Committee approved the August 9, 2005 closed session minutes.

## **MEDICAL STAFF REPORT**

No action taken.

## **CONSIDERATION OF CREDENTIALING MATTERS**

Action Taken: The Committee approved the September Credentials Report.

## **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**

### **D) Reconvene in Open Session**


The Committee reconvened in open session at 5:10 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Committee voted not to disclose discussions held in closed session.

### **7) ADJOURNMENT**

The meeting was adjourned at

  
\_\_\_\_\_  
Michele M. Seaton  
Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

\*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.





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Commissioner

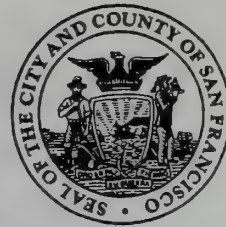
John I. Umekubo, M.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

Michele M. Seaton  
Executive Secretary

Tel. (415) 554-2666  
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Web Site: <http://www.sfdph.org>

### AGENDA

#### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, October 11, 2005  
3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

DOCUMENTS DEPT.

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Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

10-11-05A10 10 10 10

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE SEPTEMBER 13, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**  
*\*Minutes of the meeting of September 13, 2005*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**  
(Activities and operations of SFGHMC)  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**  
(Sue Currin, R.N., Chief Nursing Officer)  
*\*Report*
- 5) **FOR ACTION:** **APPROVAL OF MEDICAL STAFF BYLAWS**  
(Andre Campbell, M.D., SFGH Chief of Staff)  
*\*Bylaws*

6) **PUBLIC COMMENT\*\***

7) **CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**ACTION ITEM:**      **APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 23, 2005**

**FOR DISCUSSION AND POSSIBLE ACTION:**      **MEDICAL STAFF REPORT**  
Andre Campbell, M.D., Chief of Staff

**FOR ACTION:**      **CONSIDERATION OF CREDENTIALING MATTERS**  
Andre Campbell, M.D., Chief of Staff

**FOR DISCUSSION:**      **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

8) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.

\*\* Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

**Disability Access**



Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23<sup>rd</sup> Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22<sup>nd</sup> Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

### **Public Transportation**

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Adele Destro by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>







**Lee Ann Monfredini**  
President

**Roma P. Guy, M.S.W.**  
Vice President

**Edward A. Chow, M.D.**  
Commissioner

**James M. Illig**  
Commissioner

**David J. Sánchez, Jr., Ph.D.**  
Commissioner

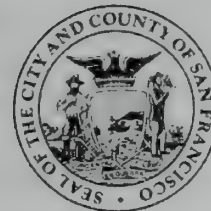
**Donald E. Tarver, II, M.D.**  
Commissioner

**John I. Umekubo, M.D.**  
Commissioner

## **HEALTH COMMISSION**

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### **MINUTES**

#### **JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING**

**Tuesday, October 11, 2005**  
**3:45 p.m.**  
**1001 Potrero, Conference Room #2A6**  
**San Francisco, CA 94110**

#### **1) CALL TO ORDER**

**DOCUMENTS DEPT.**

Commissioner Monfredini called the meeting to order at 3:45 p.m.

**DEC 20 2005**

Present: Commissioner Lee Ann Monfredini, President

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Absent: Commissioner John I. Umekubo, M.D., Member

Staff: Andre Campbell, M.D., Sue Carlisle, M.D., Sue Currin, Myra Garcia, Valerie Inouye, Sharon Kotabe, Pharm. D., Kathy Jung, John Luce, M.D., Alison Moed, Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Roland Pickens, Dan Schwager and Hiroshi Tokubo.

#### **2) APPROVAL OF THE MINUTES OF THE SEPTEMBER 13, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**

Action Taken: The Committee approved the minutes of the September 13, 2005 San Francisco General Hospital Joint Conference Committee, with one correction. Sue Currin submitted corrected statistics for the Rehabilitation Department (page 10 of the minutes).

### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, SFGH Hospital Administrator, presented the Hospital Administrator's Report.

#### Program Updates:

##### JCAHO study - Hospitals, Language and Culture: A Snapshot of the Nation

On Thursday, October 6 SFGH staff participated in a research study called *Hospitals, Language and Culture: A Snapshot of the Nation*. This study is conducted by the research side of JCAHO, and is funded by The California Endowment. The study seeks to understand what challenges hospitals face in providing safe, high quality health care to diverse patient populations.

JCAHO researchers interviewed various staff about the cultural and linguistic needs of our patient population, what methods staff and hospital use to meet and address those needs, the challenges we face in doing so, and how SFGH has addressed those challenges. The researchers expressed that SFGH has an impressive array of strategies in providing culturally and linguistically competent care.

##### SFGH surgeon, Jan Horn, MD volunteers for Hurricane Katrina relief effort

San Francisco General Hospital Surgeon Jan Horn, MD, recently returned from three weeks service in New Orleans as a member of a Search and Rescue Team under the auspices of FEMA. Dr. Horn and his team were responsible for evacuating patients who were stranded in New Orleans, and, unfortunately, were heavily involved in the recovery of individuals who did not survive Hurricane Katrina. SFGH staff is proud of Dr. Horn's contribution to the relief effort, and are thankful for his safe return.

##### SFGH's annual licensing and certification survey for long-term care

San Francisco General Hospital's annual unannounced licensing and certification survey for long-term care from the Department of Health Services began on September 19 and was successfully completed on Thursday, September 22nd with only three minor deficiencies identified. Staff is pleased with the outcome of this survey that reflects the excellent care our staff delivers to our long-term patients throughout the Department.

##### SFGH Goals for FY 2005-2006

**VISION:** TO BE THE BEST PUBLIC HOSPITAL IN THE COUNTRY.

**MISSION:** THE MISSION OF SAN FRANCISCO GENERAL HOSPITAL IS TO DELIVER HUMANISTIC, COST-EFFECTIVE, AND CULTURALLY COMPETENT HEALTH SERVICES AS AN INTEGRAL PART OF THE DEPARTMENT OF PUBLIC HEALTH FOR THE CITY AND COUNTY OF SAN FRANCISCO BY:

- PROVIDING ACCESS TO ALL RESIDENTS BY ELIMINATING FINANCIAL, LINGUISTIC, PHYSICAL AND OPERATIONAL BARRIERS;
- PROVIDING QUALITY SERVICES THAT TREAT ILLNESS, PROMOTING AND SUSTAINING WELLNESS, AND PREVENTING THE SPREAD OF DISEASE, INJURY AND DISABILITY;
- PARTICIPATING IN AND SUPPORTING TRAINING AND RESEARCH; AND
- SERVING THE HEALTHCARE NEEDS OF THE COMMUNITY.



**VALUE:** TO PROMOTE ACCESS TO SERVICES, QUALITY OF CARE, PATIENT SAFETY, CUSTOMER SATISFACTION, STAFF MORALE, RESOURCE MANAGEMENT, EFFECTIVE PARTNERSHIPS, AND ACADEMIC EXCELLENCE.

**NEW GOALS:**

1. PROMOTE PATIENT SAFETY.
  - 100,000 LIVES CAMPAIGN • STANFORD STUDY • JCAHO PATIENT SAFETY GOALS
2. PROMOTE ORGANIZATIONAL AND STAFF CULTURAL COMPETENCY.
  - VMI • AFRICAN AMERICAN HEALTH DISPARITY PROJECT • LITERACY & INFORMED CONSENT

**LONG-TERM GOALS:**

3. PLAN AND DESIGN AIR MEDICAL ACCESS FOR SFGH.
4. PLAN FOR THE REPLACEMENT HOSPITAL.
5. PARTICIPATE IN THE TRANSITION TO AN INTEGRATED DPH INFORMATION SYSTEM.

**ONGOING GOALS:**

6. IMPROVE STAFF RETENTION AND RECRUITMENT.
7. IMPROVE OPERATIONS AND MEET BUDGET TARGETS.
8. IMPROVE ACCESS TO OUTPATIENT AND DIAGNOSTIC SERVICES.
9. ENSURE PATIENT PLACEMENT AT THE APPROPRIATE LEVEL OF CARE.
10. MEET ALL REGULATORY STANDARDS.

**4) PATIENT CARE SERVICES REPORT**

Sue Currin presented the Patient Care Services Report.

09/05 RN VACANCY RATE: Overall RN vacancy rate for areas reported is 10.97%

| <i>AREA</i>                                          | <i>RN VACANCY RATE</i> | <i>NO. VACANT FTE</i> | <i>TRAINING PROGRAMS</i>                                                                                                                                                                       |
|------------------------------------------------------|------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit) | 14.09%                 | 25.2 FTE              | Includes new FY positions created from various business plan initiatives and RN contract negotiations; reqs released in 8/26. 12 new hires identified and in process for Oct/Nov. start dates. |

|                                                                         |        |          |                                                                                                            |
|-------------------------------------------------------------------------|--------|----------|------------------------------------------------------------------------------------------------------------|
| Critical Care<br>(includes<br>4E/5E/5R)                                 | 13.79% | 14.3 FTE | Two new hires in processing for Oct/Nov start dates; interviews ongoing for Fall/Winter Training Programs. |
| Perinatal (includes<br>6C Birth Center &<br>6H Infant Care<br>Center)   | 5.35%  | 3.6 FTE  | Includes new FY positions created from RN contract negotiations. Recruitment process is ongoing.           |
| Perioperative<br>(includes<br>OR/PACU/Surgi-<br>center)                 | 7.49%  | 3.9 FTE  | Includes new position from 05-06 business plan. Recruitment process is ongoing.                            |
| Emergency                                                               | 16.14% | 11.3 FTE | Three new hires in processing for Nov. TP. Recruitment process is ongoing for Fall/Winter TPs.             |
| Psychiatry (includes<br>PES & acute<br>inpatient units only)            | 9.29%  | 8.4 FTE  | Interviews ongoing for remaining positions.                                                                |
| Behavioral Health<br>Center                                             | 6.60%  | 1.0 FTE  | Recruitment process is ongoing.                                                                            |
| Clinics (includes<br>Specialty clinics/<br>hosp.based Primary<br>Care). | 2.85%  | 1.6 FTE  | Recruitment ongoing                                                                                        |
| TOTALS                                                                  | 10.97% | 69.3 FTE |                                                                                                            |

COMPLIANCE WITH RATIO STAFFING REQUIREMENTS: By Number of Shifts 09/01/05 to 09/30/05

|                                                | Care | PACU | Medical<br>Surgical | Pediatrics | Perinatal | <u>Psychiatry</u> | ED     |
|------------------------------------------------|------|------|---------------------|------------|-----------|-------------------|--------|
|                                                | 1:2  | 1:2  | 1:5                 | 1:4        | Varies    | 1:6               | Varies |
| Area unable to meet minimum ratios             | 0    | 0    | 0                   | 0          | 0         | 10                | 0      |
| Area unable to cover breaks                    | 0    | 0    | 0                   | 0          | 0         | 0                 | 0      |
| Surgeries postponed related to ratios          | 0    | 0    | 0                   | 0          | 0         | 0                 | 0      |
| Admissions held related to ratios              | 0    | 0    | 0                   | 0          | 0         | 0                 | 0      |
| Beds closed / ED zone closed related to ratios | 0    | 0    | 0                   | 0          | 0         | 0                 | 0      |
| ED diversion related to ratios                 | 0    | 0    | 0                   | 0          | 0         | 0                 | 0      |

### 3. RECRUITMENT AND RETENTION:

On September 15, SFGH staff attended the "Advance for Nurses" job fair in Oakland. Two very strong candidates were set up for interviews in acute psychiatry. Candidates were also referred to the 5M clinic, the OR and the PACU.

The September DAISY Award was presented to Serafin "Raffi" Estrada during the Operating Room staff meeting. Raffi has 21 years of service and is the Service Registered Nurse for both Orthopedics and Plastic Surgery. Raffi was commended for his commitment to the families of the OR patients, insuring that they are well informed and supported. Raffi thanked his colleagues noting that he has a great team to work with.

Dorothy Washington scholarship applications are now available to staff. Scholarships will be awarded in December for the spring semester to staff attending BSN and graduate programs in nursing.



The SFGH Foundation awarded a grant for a recruitment booth to be utilized at career fairs. The grant will allow us to create a banner stand, tablecloth and marketing materials for display.

#### MOORE RN INTERNSHIP PROGRAM:

September's activity focused on planning classes for preceptors, mentors, new RN graduates and enrichment program participants to occur in October and November. The nine new graduate RNs attended class on September 22 which included a four hour cultural diversity training conducted by Olivia Flores, Occupational Therapy (OT) and Antoinette Griffin RN, CNS of the Department of Psychiatry, a session on communication skills with challenging patients, support group time and time to meet mentors. Each new RN is matched with a mentor, an experienced RN from SFGH, who will meet with them over the course of one year to provide support and guidance.

Moore Foundation representatives will meet with Sue Currin, the SFGH Foundation and the Internship Program Director in October to review the outcomes and budget from year 1 of the grant.

#### CHEST PAIN OBSERVATION UNIT (CPOU)

On Monday, October 3, 2005, the Chest Pain Observation Unit (CPOU) celebrated its opening with a ribbon cutting ceremony hosted by the Department of Cardiology and Medical Surgical. Gene O'Connell, Chief Executive Officer, Sue Currin, Chief Nursing Officer, Dr. Nora Goldschlager and Dr. Elliott Rapaport, Associate Dean Emeritus presided over the event.

The Medical Staff from Family Practice, Cardiology, Emergency worked in collaboration with Nursing, Utilization Management, Finance, Planning, Biomedical Engineering and Quality Management on this project.

The CPOU is expected to decompress the Emergency Room by moving patient at low-risk for acute coronary syndrome out of the ER to a 4-bed, 23-hour chest pain observation unit located in 5D. The unit is equipped with cardiac monitoring equipment and is staffed by a trained telemetry Registered Nurse. Patients coming in to the Emergency Room with chest pain are evaluated by the ED Physician and referred to the CPOU when identified at low-risk for acute coronary syndrome.

As the city's only level 1 trauma center and only safety net hospital, SFGH has continually experienced overcrowding with patients seeking trauma and primary care. On 10/04/05, the CPOU received and treated and discharged patients within 12 hours.

#### MEDICAL EVALUATION ASSISTANT (MEA) – CERTIFIED PHLEBOTOMY TECHNICIAN (CPT) LICENSURE

SFGH has coordinated a blood withdrawal certification education program to meet the new phlebotomy legislative requirements by the State of California. Currently, MEAs are trained and certified by their educational institution as part of their curriculum. Approximately 80% of the 90 DPH MEAs have completed the required didactic course work and will be required to complete 80 hours of supervised phlebotomy. It is expected that by 02/06, 100% of MEAs will have completed the required course work and applied for State Licensure.

## SAFE PATIENT HANDLING PROGRAM

The newly formed SFGH Ergonomic Committee's first project is the Safe Patient Handling Program. This program establishes a safer work environment for staff by minimizing manual patient lifting. Staff will be trained to assess patient needs, follow specific algorithms and use mechanical lifting devices to lift, reposition and transfer patients. Phase I implementation is planned for January 2006, in accordance with the SEIU 790 RN MOU provision for a "No Lift" policy.

## UNIVERSITY HEALTHSYSTEM CONSORTIUM (UHC): NURSING WORK ENVIRONMENT 2005 BENCHMARKING PROJECT

Nursing retention and recruitment are impacted by the quality of the work environment. During a nursing shortage, staff dissatisfaction and turnover must be minimized. UHC identifies 8 critical factors for achieving excellence in the work environment that can result in the lowest vacancy and turnover rates. SFGH Nursing participated in the benchmarking survey. Survey results identified 4 performance improvement opportunities at SFGH.

- ❑ Control over nursing practice: effective, shared decision-making, nurse empowerment, shared governance.
- ❑ Perceived adequacy of staffing: decrease vacancy and turnover; decrease overtime and agency use, meeting staffing targets.
- ❑ Collegial/collaborative RN/MD relationships: mutual respect and concern for quality care
- ❑ Culture in which concern for patient is paramount: valuing patient safety, blame free culture, rewards for reporting near misses, staff nurses on Patient Safety Committee, safe staffing.

In conjunction with the Retention and Recruitment Committee, we will review the initiatives and best practices of the UHC members. We will select one to two interventions per opportunity to implement by 2<sup>nd</sup> quarter 2006. Concurrently, we will integrate other ongoing initiatives to involve nursing staff in the decision-making process, foster collaborative relationships, value patient safety (100k lives campaign, Safe Patient Handling Program, Stanford Initiative)

## SFGH 3D GI DIAGNOSTIC CENTER

As a cost efficient initiative, effective October 1, 2005, the SFGH Gastrointestinal (GI) Diagnostic Center transitioned, from UCSF RN staffing to SFGH RN staffing. The initiative will increase patient flow and decrease wait times with the additional nursing staff. Staff competency will be enhanced by the knowledge and experience of two UCSF RNs hired by SFGH. A comprehensive training program for the staff was developed in collaboration with the outgoing UCSF Nurse Manager, Gail Schlueck, RN and Patty Coggan, RN, Perioperative Clinical Nurse Specialist. The newly appointed *Chief* Medical Director, John Inadomi, MD and Nurse Manager, Jacquie Caesar, RN are looking forward to continuing the existing programs as well as developing a collaborative effort to enhance patient flow and efficiency with GI services at SFGH.

## EMERGENCY DEPARTMENT TRIAGE RENOVATION PROJECT

The ED Triage Renovation Project officially began on 10/05/2005. The actual construction/demolition work will commence in two weeks. The various professionals involved in the project met with the ED Administrative staff to discuss the overall project and layout of each

phase of the actual work. Specifically, the group discussed patient flow, patient safety and the optimal environment necessary to maintain emergency medical service to the community while allowing the renovation work to proceed safely and without interruption. The Leadership Group from the Emergency Department then met separately to develop an alternate location for triaging the ED patients. The group expects to approve the alternate triage location by 10/07/05. The actual triage process will remain intact, only the location will change.

#### PSYCHIATRIC EMERGENCY SERVICES (PES)

For the month of September, 2005 PES was on Yellow Alert for a total of 338.5 hours (13 Episodes, 47 Shifts). This is a significant increase from August 2005 where PES was only on Yellow Alert for a total of 196 hours. PES continues to experience high census and acuity. There were a total of 33 shift through the month where the peak census in PES was equal to or greater than 20.

The new PES Condition Yellow and Condition Red policy continues to progress through the approval process. The policy is set to be presented to the SFGH Med Executive committee this week. The policy will then go to the CBHS JCC for approval hopefully 1/1/2006.

Ms. Currin said the tertiary care contract would be on the November 1<sup>st</sup> Health Commission agenda. St. Francis submitted a bid for radiation services. For now, this contract would likely be used for palliative care, with the hope to expand utilization once St. Francis expands its services. This will be a good option and backup to U.C. St. Francis is very open to MediCal patients. The main part of the tertiary care contract will continue to be with U.C.

#### **5) APPROVAL OF MEDICAL STAFF BYLAWS**

Andre Campbell, M.D., SFGH Chief of Staff, said the SFGH Medical Staff Bylaws would be presented to the Health Commission on November 1<sup>st</sup>. The bylaws committee met over four months to review, and no major changes were made.

Action Taken: The Committee approved that Medical Staff Bylaws.

#### **6) PUBLIC COMMENT**

None.

#### **7) CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:15 p.m. Present in the closed session were Commissioner Monfredini, Andre Campbell, M.D., Chief of Staff, Myra Garcia, CPCS, CMSC, MSSD Analyst, John Luce, M.D., Medical Director, Quality Improvement, Chair, PIPS, Sharon McCole-Wicher, Anson Moon, SFGH Data, Media and Community Relations, Kathy Murphy, Deputy City Attorney, Iman



Nazeeri-Simmons, Director of Administrative Operations, Gene O'Connell, SFGHMC Executive Administrator, Dan Schwager, Director of Medical Staff Services, Cathryn Thurow, Director, UCSF Dean's Office, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 13, 2005**

Action Taken: The Committee approved the September 13, 2005 closed session minutes.

**MEDICAL STAFF REPORT**

Action Taken: The Committee approved the following Service Chief Reappointments: William H. Taeusch, M.D. – Pediatrics; Richard Price, M.D. – Neurology.

**CONSIDERATION OF CREDENTIALING MATTERS**

Action Taken: The Committee approved the October Credentials Report.

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**

- D) Reconvene in Open Session

The Committee reconvened in open session at 5:15 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

**8) ADJOURNMENT**

The meeting was adjourned at 5:15

---

Michele M. Seaton  
Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

\*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

Lee Ann Monfredini  
President

Roma P. Guy, M.S.W.  
Vice President

Edward A. Chow, M.D.  
Commissioner

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## HEALTH COMMISSION

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### AGENDA

#### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, November 8, 2005  
3:45 p.m.  
1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

DOCUMENTS DEPT.

NOV - 8 2005

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Commissioner Lee Ann Monfredini, Chair  
Commissioner John I. Umekubo, M.D.

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE OCTOBER 11, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**  
*\*Minutes of the meeting of October 11, 2005*
- 3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**  
(Activities and operations of SFGHMC)  
(Gene O'Connell, Executive Administrator, SFGHMC)  
*\*Report*
- 4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**  
(Sue Currin, R.N., Chief Nursing Officer)  
*\*Report*
- 5) **FOR DISCUSSION:** **1<sup>st</sup> QUARTER FINANCIAL REPORT**  
(Valerie Inouye, CHN Chief Financial Officer)  
*\*Report*



6) **PUBLIC COMMENT\*\***

7) **CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**ACTION ITEM:**      **APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 11, 2005**

**FOR DISCUSSION AND POSSIBLE ACTION:**      **MEDICAL STAFF REPORT**  
Andre Campbell, M.D., Chief of Staff

**FOR ACTION:**      **CONSIDERATION OF CREDENTIALING MATTERS**  
Andre Campbell, M.D., Chief of Staff

**FOR DISCUSSION:**      **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**  
John Luce, M.D., Medical Director SFGH-QM  
Hiroshi Tokubo, CHN Director, QM  
Alison Moed, Director of Risk Management  
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

8) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.

\*\* Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

### **Disability Access**

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23<sup>rd</sup> Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22<sup>nd</sup> Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

### **Public Transportation**

The hospital is accessible by wheelchair-friendly Muni Lines *#9 San Bruno*, *#9X San Bruno Express*, *#19 Polk* (stops 2 blocks away), *#33 Haight Ashbury*, and *#48 Quintara*. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Adele Destro by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>



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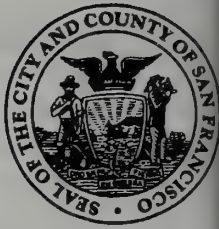
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Commissioner

John I. Umekubo, M.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

Michele M. Seaton  
Executive Secretary

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## MINUTES

### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, October 11, 2005

3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

#### 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:45 p.m.

Present: Commissioner Lee Ann Monfredini, President

Absent: Commissioner John I. Umekubo, M.D., Member

Staff: Andre Campbell, M.D., Sue Carlisle, M.D., Sue Currin, Myra Garcia, Valerie Inouye, Sharon Kotabe, Pharm. D., Kathy Jung, John Luce, M.D., Alison Moed, Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Roland Pickens, Dan Schwager and Hiroshi Tokubo.

#### 2) APPROVAL OF THE MINUTES OF THE SEPTEMBER 13, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the September 13, 2005 San Francisco General Hospital Joint Conference Committee, with one correction. Sue Currin submitted corrected statistics for the Rehabilitation Department (page 10 of the minutes).



### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, SFGH Hospital Administrator, presented the Hospital Administrator's Report.

#### Program Updates:

##### JCAHO study - Hospitals, Language and Culture: A Snapshot of the Nation

On Thursday, October 6 SFGH staff participated in a research study called *Hospitals, Language and Culture: A Snapshot of the Nation*. This study is conducted by the research side of JCAHO, and is funded by The California Endowment. The study seeks to understand what challenges hospitals face in providing safe, high quality health care to diverse patient populations.

JCAHO researchers interviewed various staff about the cultural and linguistic needs of our patient population, what methods staff and hospital use to meet and address those needs, the challenges we face in doing so, and how SFGH has addressed those challenges. The researchers expressed that SFGH has an impressive array of strategies in providing culturally and linguistically competent care.

##### SFGH surgeon, Jan Horn, MD volunteers for Hurricane Katrina relief effort

San Francisco General Hospital Surgeon Jan Horn, MD, recently returned from three weeks service in New Orleans as a member of a Search and Rescue Team under the auspices of FEMA. Dr. Horn and his team were responsible for evacuating patients who were stranded in New Orleans, and, unfortunately, were heavily involved in the recovery of individuals who did not survive Hurricane Katrina. SFGH staff is proud of Dr. Horn's contribution to the relief effort, and are thankful for his safe return.

##### SFGH's annual licensing and certification survey for long-term care

San Francisco General Hospital's annual unannounced licensing and certification survey for long-term care from the Department of Health Services began on September 19 and was successfully completed on Thursday, September 22nd with only three minor deficiencies identified. Staff is pleased with the outcome of this survey that reflects the excellent care our staff delivers to our long-term patients throughout the Department.

##### SFGH Goals for FY 2005-2006

**VISION:** TO BE THE BEST PUBLIC HOSPITAL IN THE COUNTRY.

**MISSION:** THE MISSION OF SAN FRANCISCO GENERAL HOSPITAL IS TO DELIVER HUMANISTIC, COST-EFFECTIVE, AND CULTURALLY COMPETENT HEALTH SERVICES AS AN INTEGRAL PART OF THE DEPARTMENT OF PUBLIC HEALTH FOR THE CITY AND COUNTY OF SAN FRANCISCO BY:

- PROVIDING ACCESS TO ALL RESIDENTS BY ELIMINATING FINANCIAL, LINGUISTIC, PHYSICAL AND OPERATIONAL BARRIERS;
- PROVIDING QUALITY SERVICES THAT TREAT ILLNESS, PROMOTING AND SUSTAINING WELLNESS, AND PREVENTING THE SPREAD OF DISEASE, INJURY AND DISABILITY;
- PARTICIPATING IN AND SUPPORTING TRAINING AND RESEARCH; AND
- SERVING THE HEALTHCARE NEEDS OF THE COMMUNITY.

**VALUE:** TO PROMOTE ACCESS TO SERVICES, QUALITY OF CARE, PATIENT SAFETY, CUSTOMER SATISFACTION, STAFF MORALE, RESOURCE MANAGEMENT, EFFECTIVE PARTNERSHIPS, AND ACADEMIC EXCELLENCE.

**NEW GOALS:**

1. PROMOTE PATIENT SAFETY.
  - 100,000 LIVES CAMPAIGN • STANFORD STUDY • JCAHO PATIENT SAFETY GOALS
2. PROMOTE ORGANIZATIONAL AND STAFF CULTURAL COMPETENCY.
  - VMI • AFRICAN AMERICAN HEALTH DISPARITY PROJECT • LITERACY & INFORMED CONSENT

**LONG-TERM GOALS:**

3. PLAN AND DESIGN AIR MEDICAL ACCESS FOR SFGH.
4. PLAN FOR THE REPLACEMENT HOSPITAL.
5. PARTICIPATE IN THE TRANSITION TO AN INTEGRATED DPH INFORMATION SYSTEM.

**ONGOING GOALS:**

6. IMPROVE STAFF RETENTION AND RECRUITMENT.
7. IMPROVE OPERATIONS AND MEET BUDGET TARGETS.
8. IMPROVE ACCESS TO OUTPATIENT AND DIAGNOSTIC SERVICES.
9. ENSURE PATIENT PLACEMENT AT THE APPROPRIATE LEVEL OF CARE.
10. MEET ALL REGULATORY STANDARDS.

**4) PATIENT CARE SERVICES REPORT**

Sue Currin presented the Patient Care Services Report.

09/05 RN VACANCY RATE: Overall RN vacancy rate for areas reported is 10.97%

| <i>AREA</i>                                          | <i>RN VACANCY RATE</i> | <i>NO. VACANT FTE</i> | <i>TRAINING PROGRAMS</i>                                                                                                                                                                       |
|------------------------------------------------------|------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit) | 14.09%                 | 25.2 FTE              | Includes new FY positions created from various business plan initiatives and RN contract negotiations; reqs released in 8/26. 12 new hires identified and in process for Oct/Nov. start dates. |

|                                                                         |        |          |                                                                                                            |
|-------------------------------------------------------------------------|--------|----------|------------------------------------------------------------------------------------------------------------|
| Critical Care<br>(includes<br>4E/5E/5R)                                 | 13.79% | 14.3 FTE | Two new hires in processing for Oct/Nov start dates; interviews ongoing for Fall/Winter Training Programs. |
| Perinatal (includes<br>6C Birth Center &<br>6H Infant Care<br>Center)   | 5.35%  | 3.6 FTE  | Includes new FY positions created from RN contract negotiations. Recruitment process is ongoing.           |
| Perioperative<br>(includes<br>OR/PACU/Surgi-<br>center)                 | 7.49%  | 3.9 FTE  | Includes new position from 05-06 business plan. Recruitment process is ongoing.                            |
| Emergency                                                               | 16.14% | 11.3 FTE | Three new hires in processing for Nov. TP. Recruitment process is ongoing for Fall/Winter TPs.             |
| Psychiatry (includes<br>PES & acute<br>inpatient units only)            | 9.29%  | 8.4 FTE  | Interviews ongoing for remaining positions.                                                                |
| Behavioral Health<br>Center                                             | 6.60%  | 1.0 FTE  | Recruitment process is ongoing.                                                                            |
| Clinics (includes<br>Specialty clinics/<br>hosp.based Primary<br>Care). | 2.85%  | 1.6 FTE  | Recruitment ongoing                                                                                        |
| TOTALS                                                                  | 10.97% | 69.3 FTE |                                                                                                            |



COMPLIANCE WITH RATIO STAFFING REQUIREMENTS: By Number of Shifts 09/01/05 to 09/30/05

|                                                |      | PACU | Medical<br>Surgical | Pediatrics | Perinatal | Psychiatry | ED     |
|------------------------------------------------|------|------|---------------------|------------|-----------|------------|--------|
|                                                | Care |      |                     |            |           |            |        |
|                                                | 1:2  | 1:2  | 1:5                 | 1:4        | Varies    | 1:6        | Varies |
| Area unable to meet minimum ratios             | 0    | 0    | 0                   | 0          | 0         | 10         | 0      |
| Area unable to cover breaks                    | 0    | 0    | 0                   | 0          | 0         | 0          | 0      |
| Surgeries postponed related to ratios          | 0    | 0    | 0                   | 0          | 0         | 0          | 0      |
| Admissions held related to ratios              | 0    | 0    | 0                   | 0          | 0         | 0          | 0      |
| Beds closed / ED zone closed related to ratios | 0    | 0    | 0                   | 0          | 0         | 0          | 0      |
| ED diversion related to ratios                 | 0    | 0    | 0                   | 0          | 0         | 0          | 0      |

**3. RECRUITMENT AND RETENTION:**

On September 15, SFGH staff attended the "Advance for Nurses" job fair in Oakland. Two very strong candidates were set up for interviews in acute psychiatry. Candidates were also referred to the 5M clinic, the OR and the PACU.

The September DAISY Award was presented to Serafin "Raffi" Estrada during the Operating Room staff meeting. Raffi has 21 years of service and is the Service Registered Nurse for both Orthopedics and Plastic Surgery. Raffi was commended for his commitment to the families of the OR patients, insuring that they are well informed and supported. Raffi thanked his colleagues noting that he has a great team to work with.

Dorothy Washington scholarship applications are now available to staff. Scholarships will be awarded in December for the spring semester to staff attending BSN and graduate programs in nursing.

The SFGH Foundation awarded a grant for a recruitment booth to be utilized at career fairs. The grant will allow us to create a banner stand, tablecloth and marketing materials for display.

#### MOORE RN INTERNSHIP PROGRAM:

September's activity focused on planning classes for preceptors, mentors, new RN graduates and enrichment program participants to occur in October and November. The nine new graduate RNs attended class on September 22 which included a four hour cultural diversity training conducted by Olivia Flores, Occupational Therapy (OT) and Antoinette Griffin RN, CNS of the Department of Psychiatry, a session on communication skills with challenging patients, support group time and time to meet mentors. Each new RN is matched with a mentor, an experienced RN from SFGH, who will meet with them over the course of one year to provide support and guidance.

Moore Foundation representatives will meet with Sue Currin, the SFGH Foundation and the Internship Program Director in October to review the outcomes and budget from year 1 of the grant.

#### CHEST PAIN OBSERVATION UNIT (CPOU)

On Monday, October 3, 2005, the Chest Pain Observation Unit (CPOU) celebrated its opening with a ribbon cutting ceremony hosted by the Department of Cardiology and Medical Surgical. Gene O'Connell, Chief Executive Officer, Sue Currin, Chief Nursing Officer, Dr. Nora Goldschlager and Dr. Elliott Rapaport, Associate Dean Emeritus presided over the event.

The Medical Staff from Family Practice, Cardiology, Emergency worked in collaboration with Nursing, Utilization Management, Finance, Planning, Biomedical Engineering and Quality Management on this project.

The CPOU is expected to decompress the Emergency Room by moving patient at low-risk for acute coronary syndrome out of the ER to a 4-bed, 23-hour chest pain observation unit located in 5D. The unit is equipped with cardiac monitoring equipment and is staffed by a trained telemetry Registered Nurse. Patients coming in to the Emergency Room with chest pain are evaluated by the ED Physician and referred to the CPOU when identified at low-risk for acute coronary syndrome.

As the city's only level 1 trauma center and only safety net hospital, SFGH has continually experienced overcrowding with patients seeking trauma and primary care. On 10/04/05, the CPOU received and treated and discharged patients within 12 hours.

#### MEDICAL EVALUATION ASSISTANT (MEA) – CERTIFIED PHLEBOTOMY TECHNICIAN (CPT) LICENSURE

SFGH has coordinated a blood withdrawal certification education program to meet the new phlebotomy legislative requirements by the State of California. Currently, MEAs are trained and certified by their educational institution as part of their curriculum. Approximately 80% of the 90 DPH MEAs have completed the required didactic course work and will be required to complete 80 hours of supervised phlebotomy. It is expected that by 02/06, 100% of MEAs will have completed the required course work and applied for State Licensure.



## SAFE PATIENT HANDLING PROGRAM

The newly formed SFGH Ergonomic Committee's first project is the Safe Patient Handling Program. This program establishes a safer work environment for staff by minimizing manual patient lifting. Staff will be trained to assess patient needs, follow specific algorithms and use mechanical lifting devices to lift, reposition and transfer patients. Phase I implementation is planned for January 2006, in accordance with the SEIU 790 RN MOU provision for a "No Lift" policy.

## UNIVERSITY HEALTHSYSTEM CONSORTIUM (UHC): NURSING WORK ENVIRONMENT 2005 BENCHMARKING PROJECT

Nursing retention and recruitment are impacted by the quality of the work environment. During a nursing shortage, staff dissatisfaction and turnover must be minimized. UHC identifies 8 critical factors for achieving excellence in the work environment that can result in the lowest vacancy and turnover rates. SFGH Nursing participated in the benchmarking survey. Survey results identified 4 performance improvement opportunities at SFGH.

- ❑ Control over nursing practice: effective, shared decision-making, nurse empowerment, shared governance.
- ❑ Perceived adequacy of staffing: decrease vacancy and turnover; decrease overtime and agency use, meeting staffing targets.
- ❑ Collegial/collaborative RN/MD relationships: mutual respect and concern for quality care
- ❑ Culture in which concern for patient is paramount: valuing patient safety, blame free culture, rewards for reporting near misses, staff nurses on Patient Safety Committee, safe staffing.

In conjunction with the Retention and Recruitment Committee, we will review the initiatives and best practices of the UHC members. We will select one to two interventions per opportunity to implement by 2<sup>nd</sup> quarter 2006. Concurrently, we will integrate other ongoing initiatives to involve nursing staff in the decision-making process, foster collaborative relationships, value patient safety (100k lives campaign, Safe Patient Handling Program, Stanford Initiative)

## SFGH 3D GI DIAGNOSTIC CENTER

As a cost efficient initiative, effective October 1, 2005, the SFGH Gastrointestinal (GI) Diagnostic Center transitioned, from UCSF RN staffing to SFGH RN staffing. The initiative will increase patient flow and decrease wait times with the additional nursing staff. Staff competency will be enhanced by the knowledge and experience of two UCSF RNs hired by SFGH. A comprehensive training program for the staff was developed in collaboration with the outgoing UCSF Nurse Manager, Gail Schlueck, RN and Patty Coggan, RN, Perioperative Clinical Nurse Specialist. The newly appointed *Chief* Medical Director, John Inadomi, MD and Nurse Manager, Jacquie Caesar, RN are looking forward to continuing the existing programs as well as developing a collaborative effort to enhance patient flow and efficiency with GI services at SFGH.

## EMERGENCY DEPARTMENT TRIAGE RENOVATION PROJECT

The ED Triage Renovation Project officially began on 10/05/2005. The actual construction/demolition work will commence in two weeks. The various professionals involved in the project met with the ED Administrative staff to discuss the overall project and layout of each



phase of the actual work. Specifically, the group discussed patient flow, patient safety and the optimal environment necessary to maintain emergency medical service to the community while allowing the renovation work to proceed safely and without interruption. The Leadership Group from the Emergency Department then met separately to develop an alternate location for triaging the ED patients. The group expects to approve the alternate triage location by 10/07/05. The actual triage process will remain intact, only the location will change.

#### **PSYCHIATRIC EMERGENCY SERVICES (PES)**

For the month of September, 2005 PES was on Yellow Alert for a total of 338.5 hours (13 Episodes, 47 Shifts). This is a significant increase from August 2005 where PES was only on Yellow Alert for a total of 196 hours. PES continues to experience high census and acuity. There were a total of 33 shift through the month where the peak census in PES was equal to or greater than 20.

The new PES Condition Yellow and Condition Red policy continues to progress through the approval process. The policy is set to be presented to the SFGH Med Executive committee this week. The policy will then go to the CBHS JCC for approval hopefully 1/1/2006.

Ms. Currin said the tertiary care contract would be on the November 1<sup>st</sup> Health Commission agenda. St. Francis submitted a bid for radiation services. For now, this contract would likely be used for palliative care, with the hope to expand utilization once St. Francis expands its services. This will be a good option and backup to U.C. St. Francis is very open to MediCal patients. The main part of the tertiary care contract will continue to be with U.C.

#### **5) APPROVAL OF MEDICAL STAFF BYLAWS**

Andre Campbell, M.D., SFGH Chief of Staff, said the SFGH Medical Staff Bylaws would be presented to the Health Commission on November 1<sup>st</sup>. The bylaws committee met over four months to review, and no major changes were made.

Action Taken: The Committee approved that Medical Staff Bylaws.

#### **6) PUBLIC COMMENT**

None.

#### **7) CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:15 p.m. Present in the closed session were Commissioner Monfredini, Andre Campbell, M.D., Chief of Staff, Myra Garcia, CPCS, CMSC, MSSD Analyst, John Luce, M.D., Medical Director, Quality Improvement, Chair, PIPS, Sharon McCole-Wicher, Anson Moon, SFGH Data, Media and Community Relations, Kathy Murphy, Deputy City Attorney, Iman

Nazeeri-Simmons, Director of Administrative Operations, Gene O'Connell, SFGHMC Executive Administrator, Dan Schwager, Director of Medical Staff Services, Cathryn Thurow, Director, UCSF Dean's Office, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 13, 2005**

Action Taken: The Committee approved the September 13, 2005 closed session minutes.

**MEDICAL STAFF REPORT**

Action Taken: The Committee approved the following Service Chief Reappointments: William H. Taeusch, M.D. – Pediatrics; Richard Price, M.D. – Neurology.

**CONSIDERATION OF CREDENTIALING MATTERS**

Action Taken: The Committee approved the October Credentials Report.

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**

- D) Reconvene in Open Session

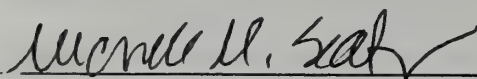
The Committee reconvened in open session at 5:15 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

8) **ADJOURNMENT**

The meeting was adjourned at 5:15



Michele M. Seaton  
Executive Secretary to the Health Commission

**These minutes will be approved at the next SFGH Joint Conference Committee.**

**\*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**



**City and County of San Francisco  
HEALTH COMMISSION  
Department of Public Health  
101 Grove Street, Room #311  
San Francisco, CA 94102**

**(Address Correction Requested)**

**FIRST CLASS MAIL**

Lee Ann Monfredini  
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Vice President

Edward A. Chow, M.D.  
Commissioner

James M. Illig  
Commissioner

David J. Sánchez, Jr., Ph.D.  
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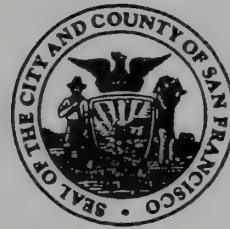
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### MINUTES

#### JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, November 8, 2005  
3:45 p.m.

1001 Potrero, Conference Room #2A6  
San Francisco, CA 94110

DOCUMENTS DEPT.

DEC - 9 2005

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#### 1) CALL TO ORDER

Commissioner Sanchez called the meeting to order at 3:45 p.m.

Present: Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Donald E. Tarver, II, M.D.

Absent: Commissioner Lee Ann Monfredini, President  
Commissioner John I. Umekubo, M.D., Member

Staff: Terry Dentoni, Myra Garcia, Valerie Inouye, Sharon Kotabe, Pharm. D.,  
Kathy Jung, John Luce, M.D., Robert Mackersie, M.D., Alison Moed,  
Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell,  
Roland Pickens, Dan Schwager, Cathryn Thurow and Hiroshi Tokubo.

#### 2) APPROVAL OF THE MINUTES OF THE OCTOBER 11, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the October 11, 2005 San  
Francisco General Hospital Joint Conference Committee.





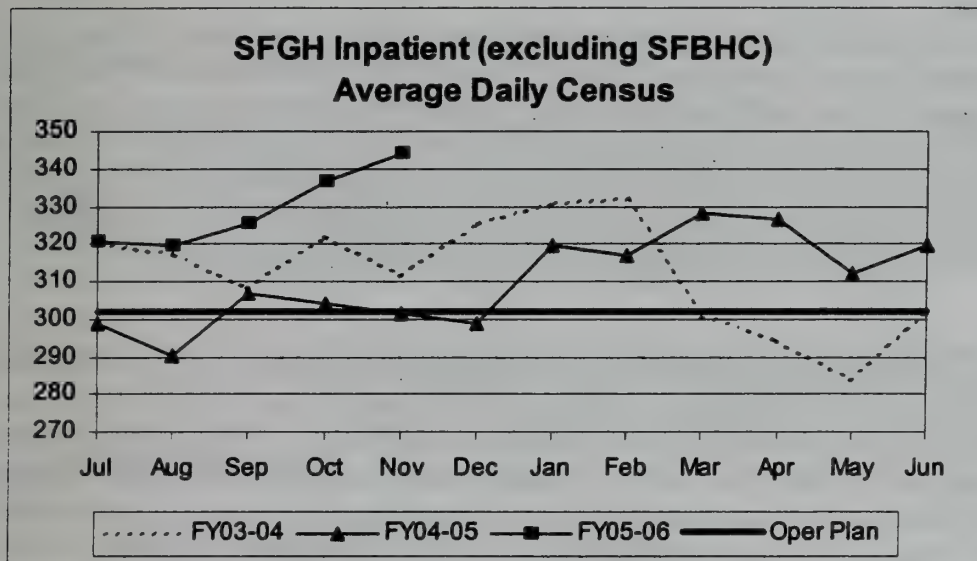
### 3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, SFGH Hospital Administrator, presented the Hospital Administrator's Report.

#### PROGRAM UPDATES

##### High Patient Census

SFGH has experienced a higher-than-normal patient census for the past several months. The hospital is budgeted for 302 patients, however the census has been as high as 363. In response to this extraordinary high census, Dr. Mitch Katz declared a state of emergency on November 1, 2005, which allowed SFGH to immediately place seven patients at Laguna Honda. SFGH has also been coordinating with Liz Gray from CBHS to facilitate appropriate community placements for our patients. The census has declined in the past several days to 343.



##### JCAHO Laboratory, Pathology, and Nuclear Medicine Survey

The JCAHO Laboratory Survey, which will include the Clinical Laboratories, Anatomic Pathology Laboratories and Nuclear Medicine, is scheduled for November 15 – 18, 2005. There will be one surveyor, and he will follow the tracer methodology; therefore, the entire hospital needs to be prepared. The survey will cover such areas as the National Patient Safety Goals, any recommendations for improvements (RFIs) from the 2005 hospital survey, point of care testing (POCT), and provider performed microscopy procedures (PPMP). In preparation for this survey, the entire hospital staff and the medical staff - including house staff - have paid particular attention to these areas.

##### Diana Guevara awarded Public Managerial Excellence Award

Congratulations to Diana Guevara, Director of Patient Financial Services, on being selected a recipient of the 2005 Public Managerial Excellence Award. MFAC (the Municipal Fiscal Advisory Committee to the Mayor), the San Francisco Chamber of Commerce and SPUR will honor Diana and six other honorees at the 25 anniversary MFAC Awards Luncheon on Wednesday, December 7. The awards provide an opportunity to salute leadership, innovative spirit, achievements and success of outstanding city managers, which Diana has clearly demonstrated.

### SFGH Eye Van wins the CAPH/SNI Management Excellence Award

The California Association of Public Hospital and Health Systems (CAPH) have co-awarded San Francisco General Hospital and the Community Health Network Primary Care top honors in the 2005 Management Excellence Award for the SFGH Mobile Eye Van. The entry category was Using Technology to Improve Patient Care.

Since first hitting the road on September 8, 2004, the Eye Van has provided services to more than 1000 patients and has substantially helped improve our efforts to screen for diabetic eye disease. In collaboration with LensCrafters, the Eye Van staff has provided eye exams and glasses to more than 400 homeless individuals during just two Project Homeless Connect Events in June and August of 2005. Alexander Li, MD from Chinatown Health Center and Gene O'Connell, Stuart Seiff and Terry Dentoni from SFGH will accept the award during the upcoming CAPH Annual Conference.

### SFGH Awarded the LEADing Organizational Change: Advancing Quality Through Culturally Responsive Care Grant

San Francisco General Hospital has been selected to participate in the second cohort of the LEADing Organizational Change: Advancing Quality Through Culturally Responsive Care. The LEAD program is funded by The California Endowment and is a partnership between the UCSF Center for the Health Professions and the California Health Care Safety Net Institute. The one year, \$50,000 grant will be used to further the work of the African American Health Disparity Project, which seeks to develop and implement comprehensive hospital -based interventions to address issues within the health care system that improve the health of African Americans.

### Medicare Part D

Starting January 2006, all Medicare beneficiaries will be eligible for some form of prescription drug coverage under a privatized plan established by the Centers for Medicare and Medicaid Services (CMS.) The underlying structure of the drug benefit is the establishment of a variety of prescription drug plans (PDPs) approved by CMS from which Medicare beneficiaries may select their coverage. Premiums, deductibles and prescription copays will depend on patient income and PDP selected. CMS has approved 37 PDPs in California, and eight of these PDPs have been designated as "No Premium with Full Low Income Subsidy" for dual eligible (Medicare-MediCal, or "Medi-Medi") beneficiaries.

The majority of CHN patients (approximately 25,000) are "Medi-Medi", or "dual eligible" patients who will not pay premiums and have low copay amounts. Dual eligible patients will be auto-enrolled into a PDP by CMS if they do not self-select by December 31, 2005. A smaller group (approximately 2000 CHN patients) currently receives benefits from Medicare only. A majority of these 'Medicare only' patients fall into the CMS category known as "limited income seniors" (LIS) and are eligible for subsidized premiums and copays. A smaller group of CHN patients with Medicare only coverage are not eligible for LIS provisions of the prescription drug program.

CMS made PDP plan and formulary information public on October 18. Over the next several weeks, Pharmacy staff will be reviewing the eight "Medi-Medi" PDP formularies and plan specifications. A training session by CMS staff on Part D and the use of tools and educational materials posted on their website is planned for November 29 in Carr Auditorium. Details for this training session, which will be open to all interested DPH staff (i.e. from Laguna Honda, Community Behavioral Health, community based clinics, SFGH), will be provided as soon as they are confirmed.



### SFGH Helipad Initial Study of the Environmental Impact Report Published

The Initial Study of the Environmental Impact Report (EIR) for the SFGH Medical Helipad Project was published Saturday, October 29, 2005. The Notice of Availability of the Initial Study of the EIR was published in the SF Chronicle and was mailed to 4900 SFGH neighbors, individuals, community and neighborhood groups, businesses and professional groups at direction of the CCSF Planning Department. There is now a 30-day public comment period, which will continue through November 29, 2005.

The next step in this process is the writing of the Draft EIR, which will be presented to the San Francisco Planning Commission and will include a public hearing. The report is posted at DPH's public web site at <http://www.sfdph.org/Helipad/EIRInitStudy.asp>.

See attachments for a timeline for the SFGH Medical Helipad Project and a fact sheet. (Attachment A and Attachment B).

### Commissioners' Comments

- Commissioner Tarver asked if air medical access is a component of disaster drills. Ms. O'Connell replied that since San Francisco does not have air medical access, it is not part of the disaster drills. Commissioner Tarver asked if this is a significant liability for JCAHO. Ms. O'Connell said that the American College of Surgeons, during its trauma survey, put in writing that SFGH needs a helipad. However, this is not a written standard.
- Commissioner Sanchez said the Spanish-language media is a good outlet for communication about the helipad. The U.S. Surgeon General, who trained at SFGH, might be willing to do a public service announcement. Dr. Mackersie said the Surgeon General has written a letter in support of the helipad.

### **4) PATIENT CARE SERVICES REPORT**

Terry Dentoni, Nursing Director of Perioperative Services, presented the Patient Care Services Report.

10/05 RN VACANCY RATE: Overall RN vacancy rate for areas reported is 8.32%

| AREA                                                 | RN VACANCY RATE | NO. VACANT FTE | TRAINING PROGRAMS                                                                                                                                                                         |
|------------------------------------------------------|-----------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit) | 9.39%           | 16.8 FTE       | Includes new FY positions created from various business plan initiatives and RN contract negotiations; reqs released in 8/26. 4 new hires identified and in process for Nov. start dates. |
| Critical Care (includes 4E/5E/5R)                    | 10.3%           | 10.7 FTE       | Three new hires in processing for Dec start dates; interviews ongoing for Feb. Training Programs.                                                                                         |



|                                                               |              |                 |                                                                                                                                                                               |
|---------------------------------------------------------------|--------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Perinatal (includes 6C Birth Center & 6H Infant Care Center)  | 8.32%        | 5.6 FTE         | Includes new FY positions created from RN contract negotiations and two positions from resignations. Three new hires identified for Dec/Jan start dates; recruitment ongoing. |
| Perioperative (includes OR/PACU/Surgi-center)                 | 7.54%        | 3.9 FTE         | Includes new position from 05-06-business plan. Recruitment process is ongoing for Feb Training Program.                                                                      |
| Emergency                                                     | 7.14%        | 5.0 FTE         | Five new hires in processing for Nov. TP; three former staff reappointing following resignation. Recruitment process is ongoing for Feb. Training Program.                    |
| Psychiatry (includes PES & acute inpatient units only)        | 8.8%         | 8.1 FTE         | Interviews ongoing for remaining positions.                                                                                                                                   |
| Behavioral Health Center                                      | 6.67%        | 1.0 FTE         | Recruitment process is ongoing.                                                                                                                                               |
| Clinics (includes Specialty clinics/ hosp.based Primary Care) | 2.85%        | 1.6 FTE         | Recruitment ongoing                                                                                                                                                           |
| <b>TOTALS</b>                                                 | <b>8.32%</b> | <b>52.7 FTE</b> |                                                                                                                                                                               |

**COMPLIANCE WITH RATIO STAFFING REQUIREMENTS: By Number of Shifts 10/01/05 to 10/31/05**

|                                    |      | PACU | Medical Surgical | Pediatrics | Perinatal | <u>Psychiatry</u> | ED     |
|------------------------------------|------|------|------------------|------------|-----------|-------------------|--------|
|                                    | Care |      |                  |            |           |                   |        |
|                                    | 1:2  | 1:2  | 1:5              | 1:4        | Varies    | 1:6               | Varies |
| Area unable to meet minimum ratios | 0    | 0    | 0                | 0          | 0         | 2                 | 2      |
| Area unable to cover breaks        | 0    | 0    | 0                | 0          | 0         | 0                 | 0      |
| Surgeries postponed                | 0    | 0    | 0                | 0          | 0         | 0                 | 0      |

|                                                |   |   |   |   |   |   |   |
|------------------------------------------------|---|---|---|---|---|---|---|
| related to ratios                              |   |   |   |   |   |   |   |
| Admissions held related to ratios              | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Beds closed / ED zone closed related to ratios | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ED diversion related to ratios                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

#### Baby Friendly Hospital Initiative Certification

The Perinatal Division at SFGHMC continues its multidisciplinary and collaborative workgroup efforts to achieve UNICEF Baby Friendly Hospital Certification. Significant gains have been achieved. As of 10/30/05, 90 percent of the Baby Friendly Health Initiatives have been completed. The remaining focus areas include:

- ❑ Education and training of in-house physicians and staff, and
- ❑ Consistent documentation of patient breastfeeding education initiated during the first prenatal visit.

The goal of the multidisciplinary team is to ensure that SFGHMC is in a state of constant readiness and to submit the certification request to Baby Friendly USA for a site visit in 12/05.

#### Behavioral Health Center Update

The Behavioral Health Center (SFBHC), formerly known as the Mental Health Rehabilitation Facility (MHRF) is an adult residential facility that offers services designed to meet the clinical needs of complex psychiatric and medical patients, provide treatment and housing options for patients needing less restrictive care, and provide a continuum of care with easier transitions for patients to progress or return from one level of care to the next.

The SFBHC now offers three types of care:

1. A 59-bed Skilled Nursing Facility (SNF) licensed by the Department of Health Services, that provides care to residents with complex medical needs and is located on the 1<sup>st</sup> floor;
2. A 47-bed Mental Health Rehabilitation Center (MHRC) licensed by the California Department of Mental Health, that treats patients with severe and persistent mental illness and allows for seclusion and restraint when appropriate is located on the 2<sup>nd</sup> floor;
3. A 41-bed Adult Residential Facility (ARF), licensed under the California Department of Social Services' Community Care Licensing Division, for patients who are ready to transition to community housing, but who still require counseling and a structured therapeutic environment is located on the 3<sup>rd</sup> floor.

A breakdown of the Average Daily Census (ADC) and Average Length of Stay (ALOS) for the three district areas FY 2004 – 2005 is as follows:

#### SNF

ADC = 55.4  
ALOS = 127.7

#### MHRC – Opened 07/06/04

ADC = 47  
ALOS = 85.8

#### ARF – Opened 06/06/05

ADC = N/A\*  
ALOS = 91.5\*

\*Opened 06/05 – insufficient historical data

The SFBHC is the only facility of its kind that is licensed for health, mental health, and social services.

### Trauma Registry Statistical Report

San Francisco General Hospital Medical Center (SFGHMC) maintains the Trauma Registry database required by the American College of Surgeons, Committee on Trauma (ACSCOT), State of California Code of Regulations Title 22 and the Trauma Plan of the City and County of San Francisco to track appropriate statistical information. The statistics that are entered into the registry are used for, performance improvement/quality assurance, resource allocation/utilization, public health/injury surveillance and outcomes research. The following report reflects a significant increase in the percentage of penetrating trauma from 2003 (19%) to 2004 (25%) with Gun Shot Wounds (GSWs) identified as the leading cause of death for 2004:

|                                 | 2003                                                                                | 2004                                                                                 |
|---------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Total # of Registry Patients    | 3172                                                                                | 3296                                                                                 |
| Total # of Admissions           | 1464                                                                                | 1466                                                                                 |
| Admission Rate                  | 46%                                                                                 | 44%                                                                                  |
| San Mateo Transports            | 318                                                                                 | 455                                                                                  |
| San Mateo Admits                | 155 (11%)                                                                           | 201 (14%)                                                                            |
| Admitted ISS *                  | 1 – 9: 776<br>10 – 15: 262<br>16 – 25: 233<br>26 – 40: 133<br>> 40: 60<br>29%: =>16 | 1 – 9: 718<br>10 – 15: 241<br>16 – 25: 296<br>26 – 40: 153<br>> 40: 52<br>34%: =>16* |
| ED Disposition                  | ED Expired: 2%<br>OR: 27%<br>ICU: 19%<br>Step Down: 13%<br>Med-Surg: 39%            | ED Expired: 3%<br>OR: 23%<br>ICU: 24%<br>Step Down: 13%<br>Med-Surg: 37%             |
| Injury Type                     | Blunt: 78%<br>Penetrating: 19%<br>Thermal: 3%                                       | Blunt: 74%<br>Penetrating: 25%<br>Thermal: 1%                                        |
| Total # of Penetrating Injuries | GSW: 110<br>Stab wounds: 174                                                        | GSW: 172<br>Stab wounds: 194                                                         |
| Mechanism of Injury for Deaths  | Auto vs Ped: 19<br>Falls: 26<br>GSW: 26                                             | Auto vs Ped: 19<br>Falls: 31<br>GSW: 37                                              |
| Total Number of Deaths/ MVC     | 15 (6 no restraints)                                                                | 7 (3 no restraints)                                                                  |
| Helmet Use/ MCC                 | 90%                                                                                 | 96%                                                                                  |
| Helmet Use/ Bicyclists          | 33%                                                                                 | 39%                                                                                  |

\*ISS: Injury Severity Score is an anatomic injury scoring system that is calculated after the patient is discharge from the hospital.

- 1 – 9: Minor
- 10 – 15: Moderate
- > 15: Severe
- 6 cases not scored, awaiting autopsy reports



These statistics support the Trauma Center's injury prevention efforts in the area of gun violence: for example the Wraparound Project and the Trauma Recovery Program. The Trauma Center, in conjunction with the San Francisco Police Department and the District Attorneys Office, recently partnered with the Joseph Matteucci Foundation's "What's up with Guns Program." This violence prevention program was introduced into the San Francisco school system during the second quarter of 2004 and to date, four presentations have been provided to three schools and one Parent Teacher Association. The example provided shows how the data in the Trauma Registry guides the four main components of a trauma center/system: treatment, education, research and prevention.

#### Commissioners' Comments

- Commissioner Tarver asked if there are education and advocacy efforts targeted toward people who come to SFGH after having been in bicycle accidents when they were not wearing a helmet. Dr. Mackersie said that he cannot answer that specific question and will refer it to Dr. Peggy Knudson. However, in terms of priorities, the focus is currently on domestic violence and pedestrian accidents. There is also a procedure for victims of gunshot wounds, who are referred to the trauma recovery program and the violence recidivism program. Ms. O'Connell added that SFGH works very closely with the Community Behavioral Health Services program that responds to community violence. Gunshot wounds create a lot of tension in the Emergency Department, the OR, ICU and other hospital units. The Police Department has been working with SFGH security. More safety measures are needed at certain times, and some areas are being remodeled for enhanced security. Commissioner Tarver is interested in the demographics and diagnosis information for the three units at the SFBHC. He is also interested in how these units are managed. Ms. O'Connell will put together a packet of information for him. She will present an update to the Health Commission at a future Commission meeting.

#### **5) 1<sup>st</sup> QUARTER FINANCIAL REPORT**

Valerie Inouye, CHN Chief Financial Officer, presented the 1<sup>st</sup> Quarter Financial Report (Attachment C).

#### Commissioners' Comments

- Commissioner Tarver asked if there is a mechanism to monitor expenditures in real time. Ms. Inouye said the only number that is up-to-date is Salary & Fringe Benefits. There is a lag for other expenditure categories, which is a function of the City's system.

#### **6) PUBLIC COMMENT**

None.

#### **7) CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session

None.

- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:20 p.m. Present in the closed session were Commissioner Sanchez, Commissioner Tarver, Terry Dentoni, Nursing Director, Perioperative Services, Myra Garcia, CPCS, CMSC, MSSD Analyst, Kathy Jung, Associate Hospital Administrator, Sharon Kotabe, Pharm. D., Associate Administrator of Pharmacy Services, John Luce, M.D., Medical Director, Quality Improvement, Chair, PIPS, Robert Mackersie, M.D., Director of Trauma, Alison Moed, Director of Risk Management, Anson Moon, SFGH Data, Media and Community Relations, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Director of Administrative Operations, Gene O'Connell, SFGHMC Executive Administrator, Roland Pickens, Associate Hospital Administrator, Dan Schwager, Director of Medical Staff Services, Cathryn Thurow, Director, UCSF Dean's Office, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

**APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 11, 2005**

Action Taken: The Committee approved the October 11, 2005 closed session minutes.

**MEDICAL STAFF REPORT**

Action Taken: The Committee approved the reappointment of Dr. Robert Okin as Service Chief of Psychiatry.

**CONSIDERATION OF CREDENTIALING MATTERS**

Action Taken: The Committee approved the November Credentials Report.

**CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**

- D) Reconvene in Open Session

The Committee reconvened in open session at 5:15 p.m.

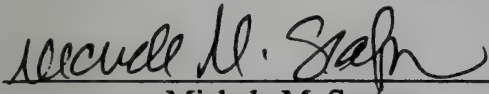
1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

8) **ADJOURNMENT**

The meeting was adjourned at 5:15 p.m.



Michele M. Seaton

Executive Secretary to the Health Commission

**These minutes will be approved at the next SFGH Joint Conference Committee.**

**\*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**



## SFGH Medical Helipad Project Timeline

Prepared by: Chris Wachsmuth, RN, MS  
Medical Helipad Project Leader

Updated: November 5, 2005

| DATE                                                               | EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| August 12, 1999                                                    | State of California requires any county with a trauma care system plan to submit a revision to the State of California EMS Authority by August 12, 2001; Title 22 amended to revise Trauma Center, Trauma Plan and EMS system regulations [Cit: CCR, Title 22, Div 9, Cpt 7, Sec § 100236 – § 100266]                                                                                                                                 |
| August 1999 - 2001                                                 | San Francisco EMS Agency leads community process to revise the SF Trauma Care Plan. Title 22 now mandates that the Plan must identify vulnerabilities in the trauma system of care for San Francisco County and to identify mitigations for each identified vulnerability.                                                                                                                                                            |
| August 7, 2001                                                     | The revised SF Trauma Care System Plan is presented to the Health Commission for approval [res # 14-01]. In order to address the multiple disaster, trauma and emergency medical related vulnerabilities identified in the Plan, the Health Commission directed SFGH to conduct "a thorough objective evaluation of the need for and feasibility of consistently available air medical access at the San Francisco General Hospital". |
| <b><i>World Trade Center &amp; Pentagon Attacks: 9/11/2001</i></b> |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| November 5, 2001                                                   | State of California EMS Authority approves the San Francisco Trauma Plan, including suggestion from State EMS Director Richard Watson to SF "to expedite designation of a helipad".                                                                                                                                                                                                                                                   |
| March, 2002                                                        | San Francisco County receives grant from State of California Trauma Care Fund [TCF] which includes funding to conduct a needs and feasibility study for air medical access to SFGH; TCF legislation signed into law August 2001 by Gov. Davis.                                                                                                                                                                                        |

| DATE                           | EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| June, 2002                     | Gerson Overstreet Architects awarded contract for the SFGH air medical access needs and feasibility study. DPH Contract Office led competitive bid process for the contract.                                                                                                                                                                                                                                                                                                                                                                                                            |
| September 2002 – February 2003 | <p>Team led by Gerson Overstreet Architects conduct the Health Commission requested study of air medical access to SFGH in order to answer the following questions:</p> <ol style="list-style-type: none"> <li>1. is a medical helipad needed by the City of San Francisco for the Level 1 Trauma Center and to support emergency care operations in the event of disaster, multi-casualty incidents and terrorism incidents ?</li> <li>2. is it feasible to place a medical helipad on the campus of SFGH and if so what is the most appropriate location for the helipad ?</li> </ol> |
| December 30, 2002              | Richard Watson [State of CA EMS Director] wrote letter to SFGH Executive Administrator in support of medical helipad at SFGH....."because of SF's size, location and its bridge access issues, a helicopter may often be the only viable access to and from the cit. EMSA definitely supports establishment of helicopter access in San Francisco..."                                                                                                                                                                                                                                   |
| January – February, 2003       | Letters of support for a medical helipad at SFGH to support trauma care, multi-casualty injury and disaster medical care received from San Mateo EMS, The Trauma Foundation, UCSF physicians and surgeons, CEOs of St. Francis Memorial Hospital, UCSF, Chinese Hospital, Santa Clara Medical Center, Seton Medical Center, SF Fire Dept, American Board of Surgery, Emergency Nurses Association and SF Injury Center.                                                                                                                                                                 |
| March 4, 2003                  | Air Medical Access Needs & Feasibility Report presented to the full SF Health Commission. Report unanimously accepted. SFGH directed to conduct an Environmental Impact Report [EIR] including the development of helipad design and permitting processes in support of the EIR. [res # 5-03]                                                                                                                                                                                                                                                                                           |
| August 2003                    | San Francisco County receives 2 <sup>nd</sup> grant from State of California Trauma Care Fund [TCF] which includes funding to conduct an Environmental                                                                                                                                                                                                                                                                                                                                                                                                                                  |



| DATE                                                     | EVENT                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                          | Impact Report for a medical helipad at SFGH.                                                                                                                                                                                                                                                                                                |
| December 2003 – January 2004                             | DPH Contract Office staff conduct bid process for the medical helipad EIR.                                                                                                                                                                                                                                                                  |
| March 1, 2004                                            | Turnstone Consulting awarded contract for SFGH medical helipad EIR.                                                                                                                                                                                                                                                                         |
| March 2004                                               | Meetings begun with SF Planning Department for the conduct of the EIR; Lisa Gibson, CCSF Planning Department, assigned as major environmental analysis planner.                                                                                                                                                                             |
| <b><i>Madrid Train Terrorist Bombings: 3/11/2004</i></b> |                                                                                                                                                                                                                                                                                                                                             |
| July 14, 2004                                            | Noise studies conducted for EIR to include analysis of surrounding neighborhood noise for a 24 hr period and fly-overs of SFGH by commonly used locally operated medical helicopters. Community event hosted by SFGH at Rolph Park to include medical helicopter landing and tours of helicopter for community families and SFGH neighbors. |
| August 25, 2004                                          | EIR required public scoping meeting conducted by CCSF Planning Department at the Community Health Network building, 25 <sup>th</sup> Street & Potrero.                                                                                                                                                                                      |
| October 11, 2004                                         | Gerson Overstreet Architects contract is approved by Health Commission for SFGH medical helipad design and permitting; both elements are required for the EIR process and CEQA required documents.                                                                                                                                          |
| November, 2004                                           | Gerson Overstreet SFGH Helipad design & permitting team begins work [team includes: structural, mechanical, electrical engineers, elevator experts, CCSF attorney, SFGH staff]                                                                                                                                                              |
| <b><i>Asian Pacific Tsunami: 12/26/2004</i></b>          |                                                                                                                                                                                                                                                                                                                                             |
| January–October 2005                                     | Initial Study being written by Turnstone Consulting at direction of CCSF Planning Department with SFGH Staff in preparation for draft EIR.                                                                                                                                                                                                  |
| April 21, 2005                                           | Meeting with Austin Wiswell, Chief ~ CalTrans Division of Aeronautics to discuss preliminary SFGH rooftop helipad designs; full support given for                                                                                                                                                                                           |



| DATE                                                                    | EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                         | project.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| May 18, 2005                                                            | CCSF Planning Department Project Review Meeting held.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| June 24, 2005                                                           | Meeting with regional Bay Area medical helicopter providers including US Coast Guard and National Guard to review design elements and tour prospective roof top site at SFGH; full support received for project for civilian and disaster response by all attendees.                                                                                                                                                                                                                                                                                                             |
| <b><i>London Underground &amp; BusTerrorist Bombings: 7/7/2005</i></b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b><i>Hurricane Katrina &amp; Gulf Coast Disaster: 8/29/2005</i></b>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b><i>Hurricane Rita Texas &amp; Gulf Coast Disaster: 9/24/2005</i></b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| September 28, 2005                                                      | Meeting with CCSF Planning Department held to review final Initial Study issues pre-publication.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b><i>Pakistan 7.6 Earthquake: 10/8/2005</i></b>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| October 29, 2005                                                        | <ul style="list-style-type: none"> <li>▪ Notice of Availability of the Initial Study of the EIR published in the SF Chronicle</li> <li>▪ Notice of Availability of the Initial Study of the EIR mailed to 4900 SFGH neighbors, individuals, community and neighborhood groups, businesses and professional groups at direction of CCSF Planning Department</li> <li>▪ Initial Study posted to SFGH Helipad webpage and made available at SF Public Libraries [Potrero, Mission, Bayview and Main]</li> <li>▪ 30 day public comment period continues thru Nov 29, 2005</li> </ul> |
| December 1, 2005                                                        | Process continues to develop and publish draft EIR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

**Department of Public Health  
San Francisco General Hospital  
Medical Helipad Project**

**Why is a medical helipad needed for the City of San Francisco ?**

1. ***Response to Disasters and Multiple Casualty Incidents*** – In the event of an earthquake, explosion, need to evacuate SFGH, large scale fire or transit crash with many victims, a helipad will provide rapid access from SFGH to other Bay Area Trauma Centers for injured adults and children when SFGH has reached its capacity to provide trauma care. If a disaster or large scale multiple casualty incident occurred in other parts of the Bay Area, a helipad allows the rapid transfer of patients to SFGH for care. SFGH Surgical teams and their equipment could also be transported to regional hospitals to provide critical trauma care to injured patients.
2. ***Critically Injured Young Children*** – A helipad will provide rapid transport from SFGH to the nearest children's level 1 trauma center. It is estimated that 4-6 young children per year would need the rapid transfer that is only available by helicopter to provide the children with the highest level of care only available at a Pediatric Trauma Center.
3. ***Transport Critically Injured Patients to SFGH*** – Air transport is frequently the only way to get an injured person to the Trauma Center when minutes matter. As a Level 1 Trauma Center, SFGH has the expertise to serve as a resource and referral center to our larger community. Patients who are injured in the waters of SF Bay and recreation areas in and around SF Bay [Alcatraz, Angle Island, GGRNA] need to be medical helicoptered to the closest Trauma Center which is SFGH.
4. ***Receive and injured patients for other hospitals in San Francisco*** – SFGH helipad could receive adult and pediatric patients designated for the Burn Unit at St. Francis Memorial, the limb re-implantation service at Davies Medical Center and critically ill pregnant women, infants, children and other adult patients requiring the tertiary care services of UCSF Medical Center.

**What is the current status of the SFGH Medical Helipad Project ?**

SFGH staff are now working with the San Francisco Planning Department on the Environmental Impact Report [EIR] for a hospital based roof top medical helipad. The first major step was conducting a scoping meeting for the medical helipad EIR on August 25, 2004. The Initial Study for the EIR was published on October 29, 2005. The Planning Department mailed Notices of the Initial Study availability to 4900 SFGH neighbors, community members, neighborhood organizations, businesses and groups. The Initial Study is also available on line [[www.dph.sf.ca.us/helipad](http://www.dph.sf.ca.us/helipad)] and in the Public Library [Potrero, Mission, Bayview Branches and Main Library]. A 30 day public comment period continues until November 29, 2005.

**What are the next steps in the Environmental Review Process ?**

The next step is to complete the technical background studies and to publish the Draft EIR. This may take a number of months to prepare. A 45 day public comment period follows the publication of the draft EIR. A Planning Commission hearing will take place to review the Draft EIR and also take public comments. Written responses will then be prepared which addresses the public comments. The comments and responses document and revisions to the draft EIR will be presented to the Planning Commission for consideration of an EIR certification for the medical helipad.



# San Francisco General Hospital

SUMMARY STATISTICAL INFORMATION - FYE 6/30/05

MONTH ENDING: SEPTEMBER 30, 2005

(In Thousands of Dollars)

## Health Commission Report

### YEAR-TO-DATE

Fav/(Unfav)

Projection Budget Variance % Var.

### NET PATIENT SERVICE REVENUE:

Medi-Cal Revenue  
Medicare Revenue  
Other Patient Revenue  
Provision for Bad Debt  
**TOTAL NET PATIENT SERVICE REVENUE**

### OTHER OPERATING REVENUE:

Short Doyle (Community Health Service)  
Short Doyle Medi-Cal  
MAA/TCM  
Safety Net Care Pool  
SB1255 & SB855  
GME  
Capitation/Managed Care Settlement  
State Alcohol  
Proposition 36  
State Realignment  
Prop 99 AB75  
Other State (CCS and State Mandated Cost)  
Fees/Cafeteria/Misc. (includes lease income)  
Workorder Recovery  
Transfer In and Project-Related  
Carryforward  
**TOTAL OTHER OPERATING REVENUE**

### TOTAL OPERATING REVENUE

### OPERATING EXPENSES:

Personnel Services  
Mandatory Fringe Benefits  
Non-personal Services  
Materials and Supplies  
Facilities Maint. & Capital Outlay  
Services of Other Departments (workorders)  
Operating Transfer Out  
Intrafund Transfer  
Projects  
**TOTAL OPERATING EXPENSES**

### OPERATING INCOME/(LOSS)

### NON-OPERATING REVENUE:

General Fund  
**TOTAL NON-OPERATING REVENUE**

### NET INCOME/(LOSS)

### ANNUAL

Fav/(Unfav)

Projection Budget Variance % Var.

81,718 81,718 0 n/a  
62,572 62,572 0 n/a  
66,397 66,397 0 n/a  
(33,000) (33,000) 0 n/a  
**177,687 177,687 0 n/a**

0 0 0 n/a  
5,754 5,754 0 n/a  
4,289 4,289 0 n/a  
72,366 0 72,366 n/a  
0 145,066 (145,066) -100.0%  
0 1,300 (1,300) -100.0%  
26,446 26,446 0 n/a  
0 0 0 n/a  
0 0 0 n/a  
61,114 61,114 0 n/a  
1,734 1,138 596 52.4%  
0 0 0 n/a  
2,978 2,978 0 n/a  
16,099 16,099 0 n/a  
17,395 17,395 0 n/a  
27,490 27,490 0 n/a  
**235,665 309,069 (73,404) -23.8%**

### TOTAL OPERATING REVENUE

197,087 194,710 (2,377) -1.2%  
64,269 63,493 (776) -1.2%  
133,975 133,975 0 n/a  
51,732 51,732 0 n/a  
5,889 5,889 0 n/a  
30,377 30,377 0 n/a  
0 82,000 82,000 100.0%  
12,966 12,966 0 n/a  
14,643 14,643 0 n/a  
**510,938 589,785 78,847 13.4%**

### OPERATING INCOME/(LOSS)

103,029 103,029 0 n/a  
**103,029 103,029 0 n/a**

### NET INCOME/(LOSS)

Attachment C



**City and County of San Francisco**  
**HEALTH COMMISSION**  
**Department of Public Health**  
**101 Grove Street, Room #311**  
**San Francisco, CA 94102**

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## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
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### CANCELLATION NOTICE

### FOR

### SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

The San Francisco General Hospital Joint Conference Committee meeting scheduled for Tuesday, December 13, 2005 has been cancelled.

The San Francisco General Hospital Joint Conference Committee meeting scheduled for Tuesday, January 10, 2006 will be rescheduled, to a date to be determined. A notice and agenda for that meeting will follow.

For information please call the Commission Office at 554-2666.

(Posted December 6, 2005)













